

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, November 30, 2018 at the hour of 9:00 A.M. at 1950 West Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Mary Driscoll, RN, MPH; Ada Mary Gugenheim; David Ernesto Munar; Robert G. Reiter, Jr.; and Layla P. Suleiman Gonzalez, PhD, JD (6)

Present

Telephonically: Director Mary B. Richardson-Lowry (1)

Absent: Vice Chair Hon. Jerry Butler and Directors Heather M. Prendergast, MD, MS, MPH and Sidney A. Thomas, MSW (3)

Director Gugenheim, seconded by Director Suleiman Gonzalez, moved to allow Director Richardson-Lowry to participate in the meeting as a voting member telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer
Cathy Bodnar – Chief Corporate Compliance and
Privacy Officer
Claudia Fegan, MD – Chief Medical Officer
Charles Jones – Chief Procurement Officer

James Kiamos – Chief Executive Officer, CountyCare
Jeff McCutchan –General Counsel
Barbara Pryor –Chief Human Resources Officer
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer

II. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #5 - Report from the Chief Executive Officer.

III. Public Speakers

Chair Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, October 26, 2018

Director Suleiman Gonzalez, seconded by Director Gugenheim, moved the approval of the Minutes of the Board of Directors Meeting of October 26, 2018. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

B. Human Resources Committee

i. Metrics (Attachment #1)

Director Richardson-Lowry and Barbara Pryor, Chief Human Resources Officer, provided an overview of the metrics. The Board reviewed and discussed the information.

C. Managed Care Committee

i. Metrics (Attachment #2)

James Kiamos, Chief Executive Officer of CountyCare, reviewed the metrics. The Board reviewed and discussed the information.

D. Audit and Compliance Committee Meeting, November 15, 2018

i. Meeting Minutes

This item was deferred; following the adjournment of the Board's closed meeting, a quorum of members was not present, so action on the item was deferred to the December 21, 2018 Board Meeting.

E. Finance Committee Meeting, November 16, 2018

i. Metrics (Attachment #3)

ii. Meeting Minutes, which included the following action items and report:

- Contracts and Procurement Items (detail was provided as an attachment to the Board Agenda)

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the contractual requests that were considered at the Finance Committee Meeting; he also reviewed the Report on Minority and Women-Owned Business Enterprise (M/WBE) Metrics that was presented at the Finance Committee Meeting. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics. It was noted that there are no requests pending review by Contract Compliance.

During the discussion of the M/WBE Metrics, Chair Hammock stated that, going into the new year, one (1) more slide should be added that compares quarter to quarter; when looking at the total spend in 1st Quarter FY2019, it can be compared to the 1st Quarter of FY2018.

With regard to slide 6 of the financial metrics, pertaining to Revenue Cycle Metrics, Director Reiter noted that, although a benchmark is not available for the last two (2) measures, perhaps the column title can be changed to benchmark/goal and an internal goal can be included for those two categories.

Chair Hammock stated that, at some point in the early months of 2019, he is interested in receiving information on the various initiatives planned or being executed to increase primary care visits, because that is something that feeds the rest of the System. Also, he is very interested in having a better understanding of the uninsured losses and bad debt. Director Munar suggested that an analysis of the patient geographic area may help to better understand the situation with regard to the other hospital systems that are not doing their part to help shoulder the burden. Dr. Shannon responded that this topic will be explored during the upcoming strategic planning cycle; a deeper dive will be taken to better understand the System's uninsured rate.

Director Richardson-Lowry, seconded by Director Gugenheim, moved the approval of the Minutes of the Meeting of the Finance Committee of November 16, 2018. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

F. Quality and Patient Safety Committee Meeting, November 16, 2018

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which included the following action items and report:
 - Medical Staff Appointments/Reappointments/Changes

Director Gugenheim presented the Meeting Minutes for the Board's consideration. Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the metrics that were presented at the meeting.

Director Gugenheim, seconded by Director Suleiman Gonzalez, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of November 16, 2018. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items

There were no contracts presented directly for the Board's consideration.

B. Any items listed under Sections IV, V and VIII

VI. Report from Chair of the Board

Chair Hammock reported that the Cook County Health Foundation's Associate Board recently held a very successful fundraiser that raised \$25,000 for maternal and child services. The Associate Board consists of a group of very high-energy young people who have taken on the role of additional fundraising and are really committed to supporting CCHHS.

VII. Report from Chief Executive Officer (Attachment #5)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #5.

A. Strategic Plan Update (Attachment #6)

Dr. Shannon provided an overview of the Strategic Plan Update, which included information on the following subjects:

CCHHS Patient Populations – Cook County Demographics

- Female Populations – Women Ages 15-44 in 2017 and 2022 Projection
- African American Populations – 2017 Distribution and 2022 Projection
- Hispanic Populations - 2017 Distribution and 2022 Projection
- Age 65+ Populations - 2017 Distribution and 2022 Projection
- Medicaid Populations – 2012-2016
- Household Income – 2017 Median Income
- Unemployment Rates 2017
- Grocery Factors
- CCHHS Outpatient Clinics
- Federally-Qualified Health Centers (FQHCs) in Cook County
- Hospitals in Cook County by System
- Dashboard – Hospital X

VII. Report from Chief Executive Officer

A. Strategic Plan Update (continued)

Following the discussion of the information, Chair Hammock noted that Dr. Shannon and his staff are working hard to provide materials for the upcoming strategic planning meetings. He encouraged them to send any exceptional articles or background materials to the Board when available, so they can read and absorb the information in anticipation of future discussions.

VIII. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

Director Munar, seconded by Director Gugenheim, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Driscoll, Gugenheim, Munar, Reiter, Richardson-Lowry and Suleiman Gonzalez (7)

Nays: None (0)

Absent: Vice Chair Butler and Directors Prendergast and Thomas (3)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

IX. Adjourn

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

- Follow-up: Regarding future M/WBE metrics reports, request to include an additional slide comparing fiscal year quarters. Page 2
- Follow-up: Regarding Revenue Cycle Metrics, because benchmarks are not available for two (2) of the measures, a suggestion was made to include internal goals for those measures. Page 2

Cook County Health and Hospitals System
Board of Directors Meeting
Friday, November 30, 2018

ATTACHMENT #1

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Human Resources Metrics for CCHHS Board Of Directors November 30, 2018

**Barbara Pryor
Chief Human Resources Officer**



QUARTERLY METRICS

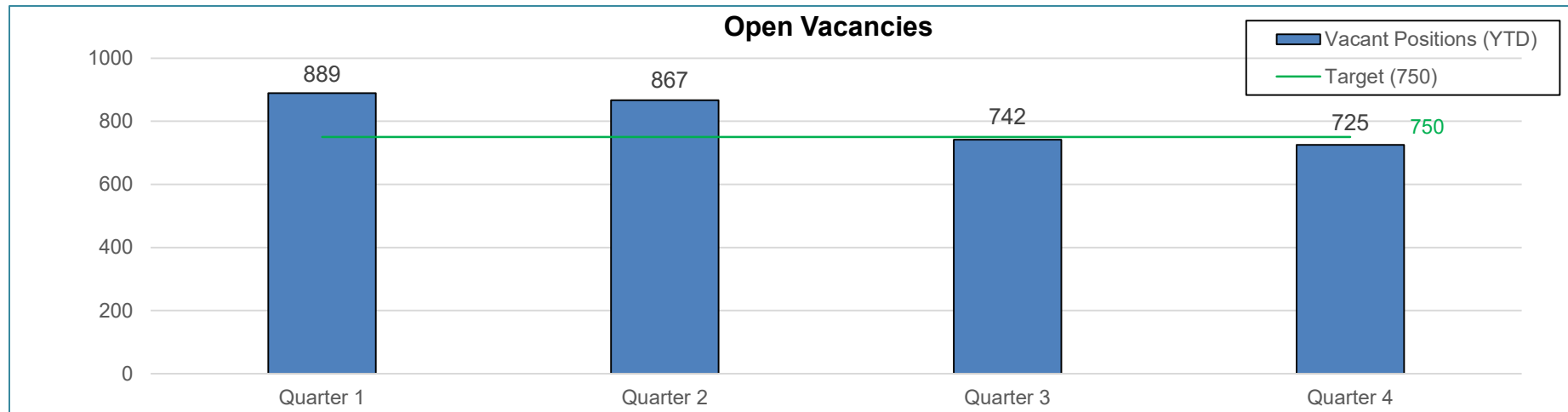


CCHHS HR Activity Report - Open Vacancies

Goal: Continue to maintain open vacancies at 750 or ≤

Our goal is to maintain our total vacancies equal to or below 750.

Description	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	
Vacancy Number:	836	899	901	889	896	877	867	879	792	742	711		696
Add Separations:	91	32	30	42	29	27	38	19	30	29	28		395
Less External Vacancies Filled:	28	30	42	35	48	37	26	41	37	46	43		413
Less Deleted:	0	0	0	0	0	0	0	65	43	14	0		122*
FY18 TOTAL:	899	901	889	896	877	867	879	792	742	711	696		18 Net New



FY17: Thru 10/31/2017 Separations (405) & External Hires (497) = 92 Net New

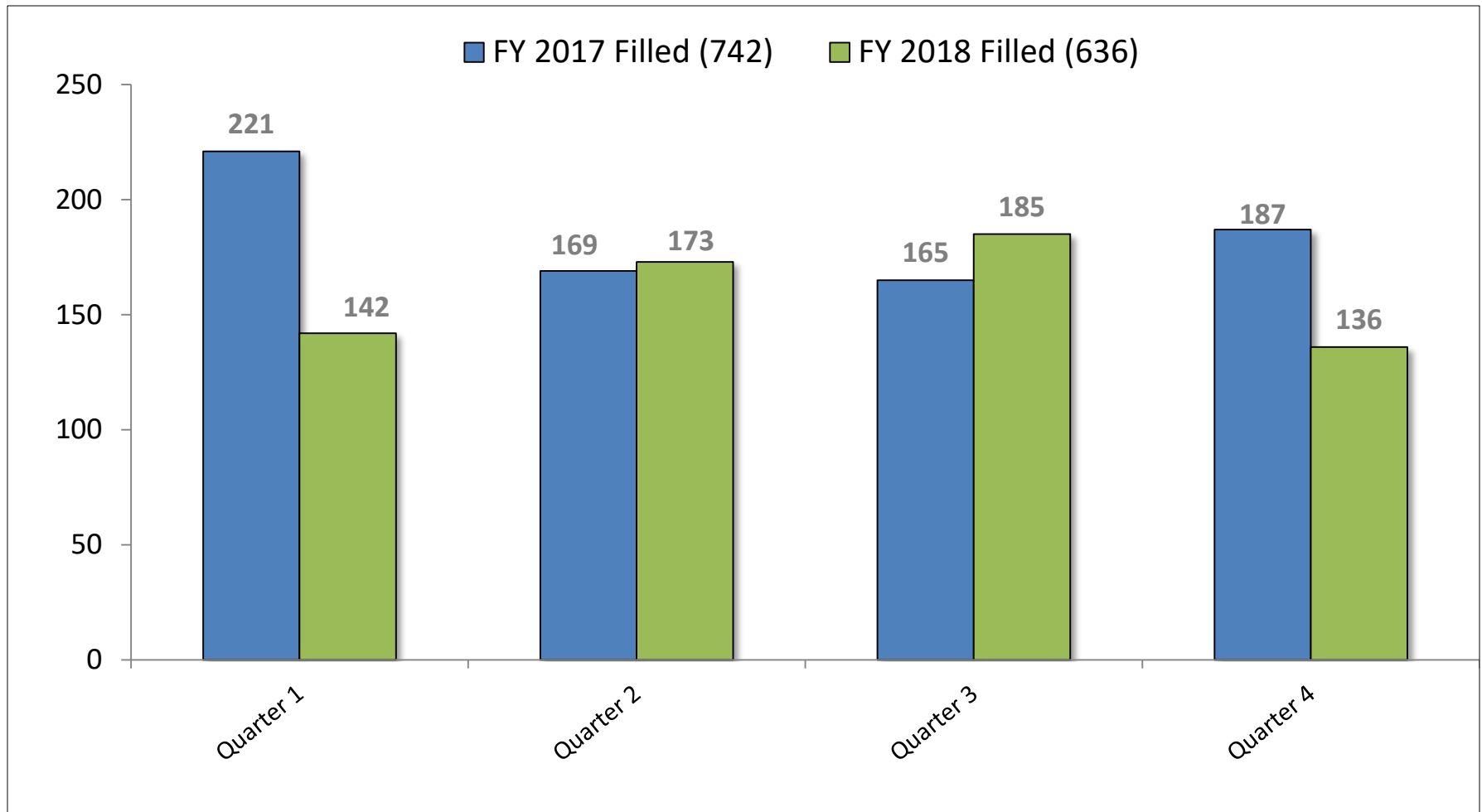
FY18: Thru 10/31/2018 Separations (395) & External Hires (413) = 18 Net New

*Budget Changes: 122 FY18 positions were deleted.



Hiring – Filled Positions

Thru 10/31/2018



FY18 data is through 10/31/2018

Does not include Consultants, Registry and House Staff

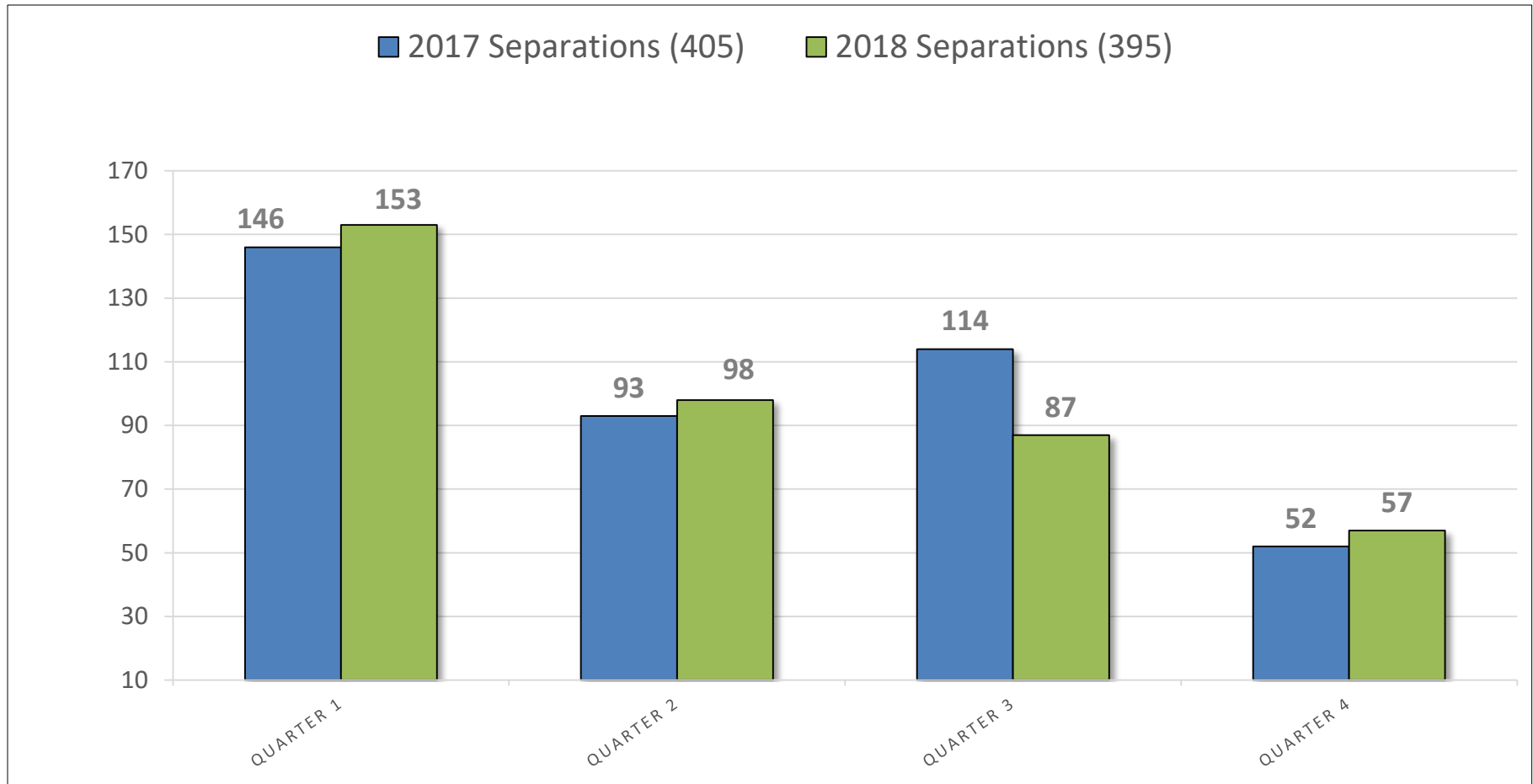


COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS

CCHHS Board of Directors | 11/30/2018

CCHHS HR Activity Report – Separations

(Thru 10/31/2018)



FY17: Thru 10/31/2017 Separations (405) & External Hires (497) = 92 Net New

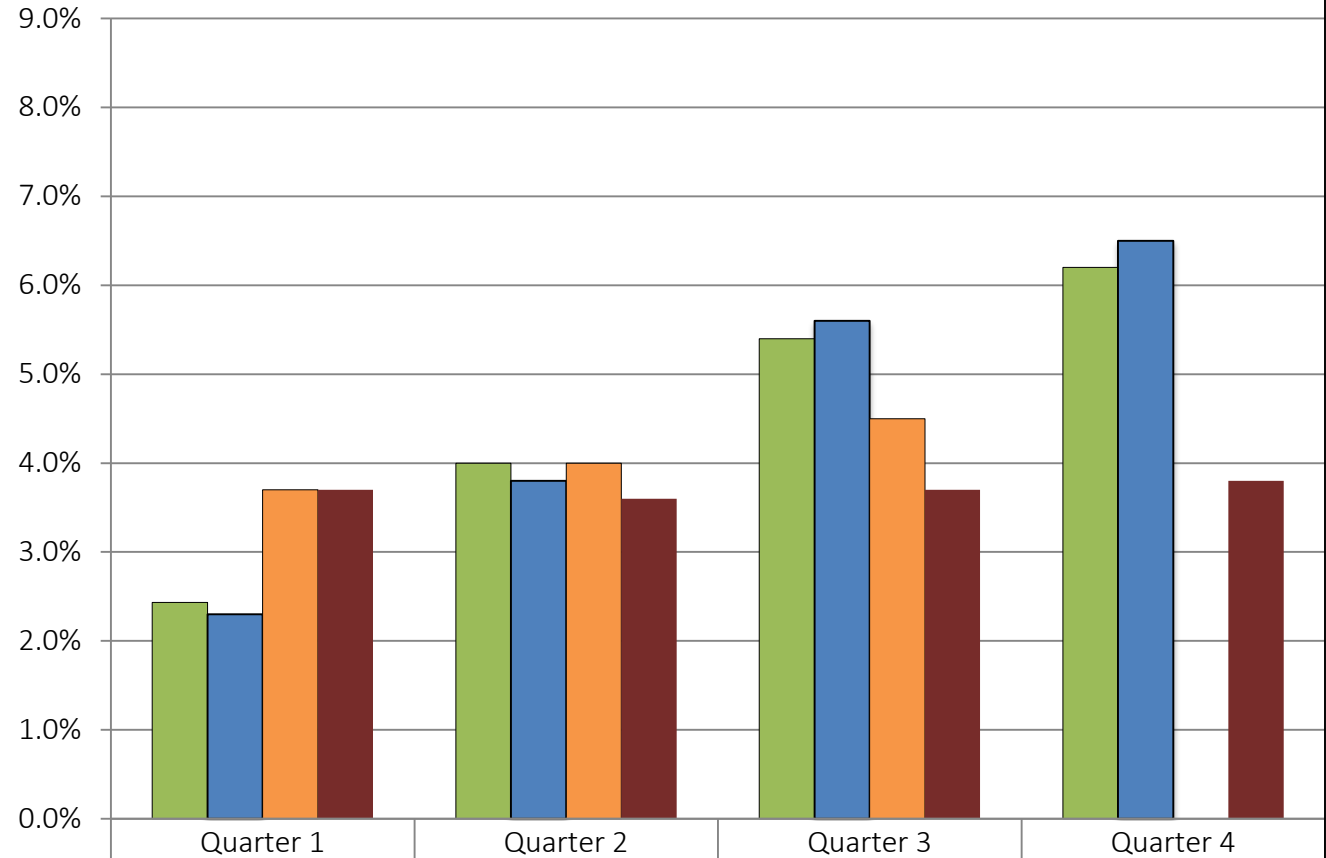
FY18: Thru 10/31/2018 Separations (395) & External Hires (413) = 18 Net New

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CCHHS HR Activity Report – Turnover

CCHHS TURNOVER
Turnover Year-to-Date
 Head Count: 6,357

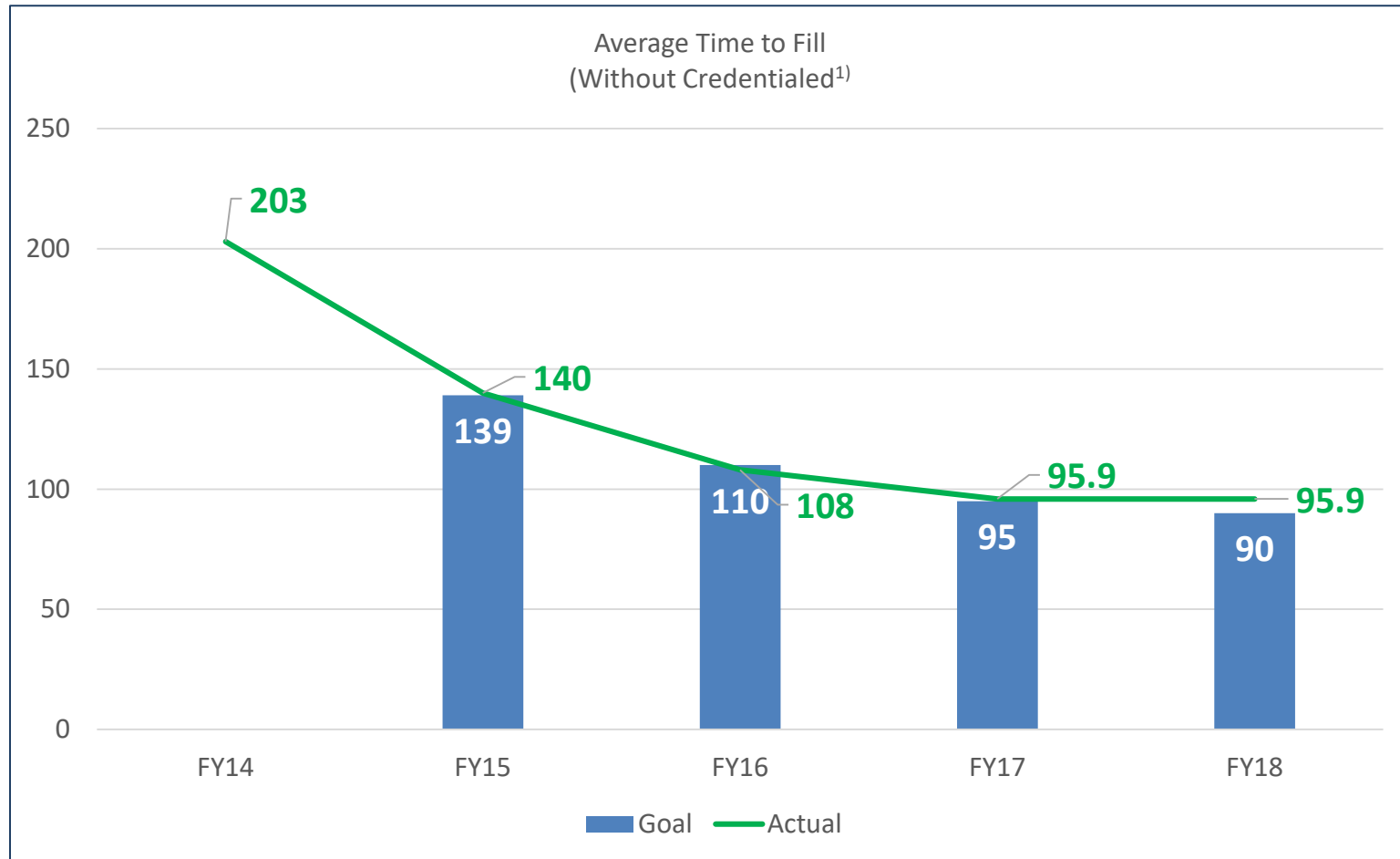


YTD Cumulative Totals:

FY18 CCHHS Turnover	2.4%	4.0%	5.4%	6.2%
FY17 CCHHS Turnover	2.3%	3.8%	5.6%	6.5%
FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%	4.0%	4.5%	No Report
FY18 U.S. Dept. of Labor Turnover Data	3.7%	3.6%	3.7%	3.8%

Impact 2020 – CCHHS HR Strategies

Improve/Reduce Average Time to Hire



¹Credentialed Positions: Physicians, Psychologist, Physician Assistant and Advanced Practice Nurses.



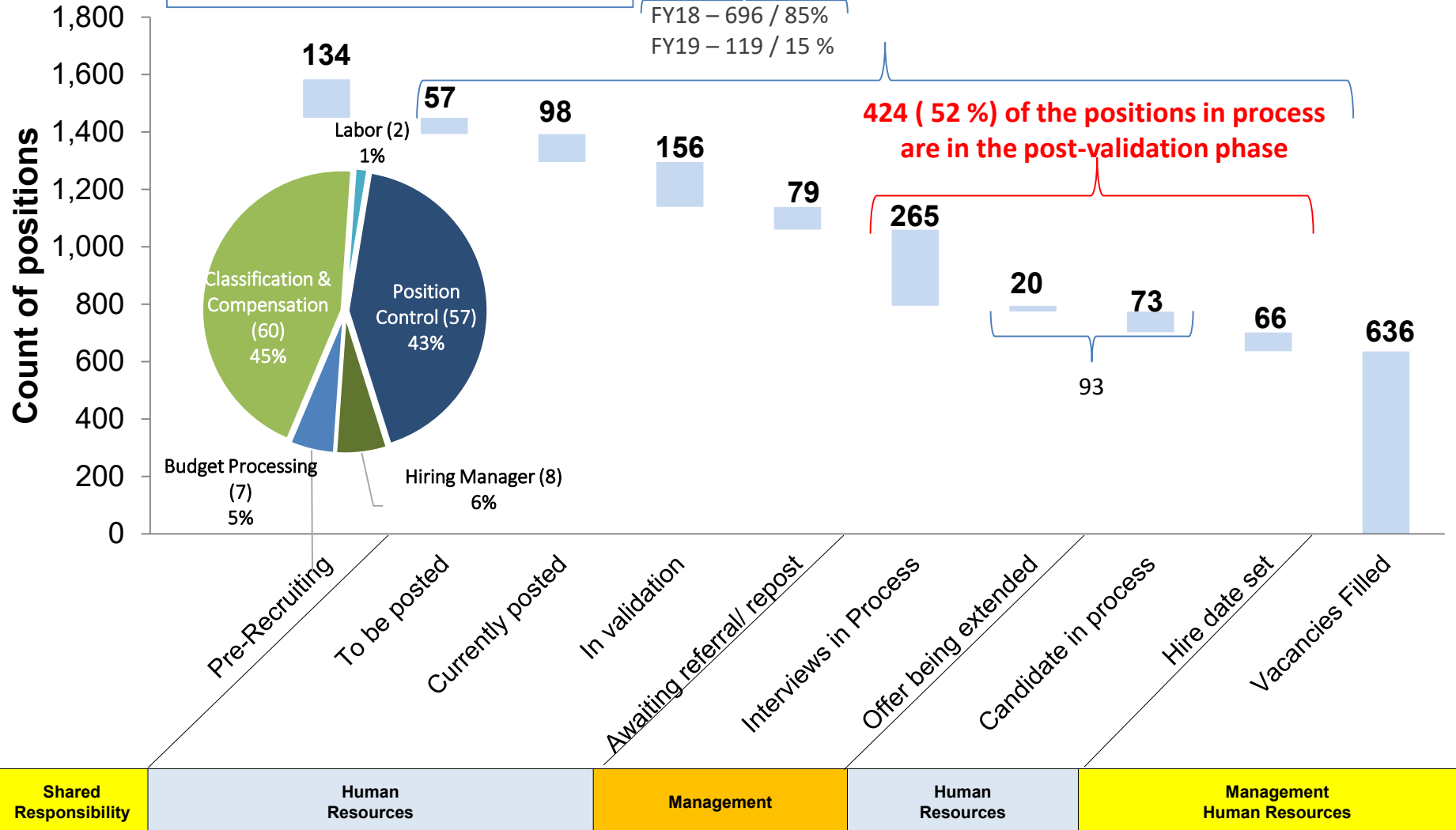
CCHHS HR Activity Report – Hiring Snapshot

Thru 10/31/ 2018

Clinical Positions – 565 / 69%
Non-Clinical Positions – 250 / 31%

815 Positions in process

FY18 – 696 / 85%
FY19 – 119 / 15 %



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, November 30, 2018

ATTACHMENT #2

CountyCare Metrics

Prepared for: Cook County Health Board of Directors

James Kiamos

Chief Executive Officer, CountyCare

November 30, 2018



Current Membership

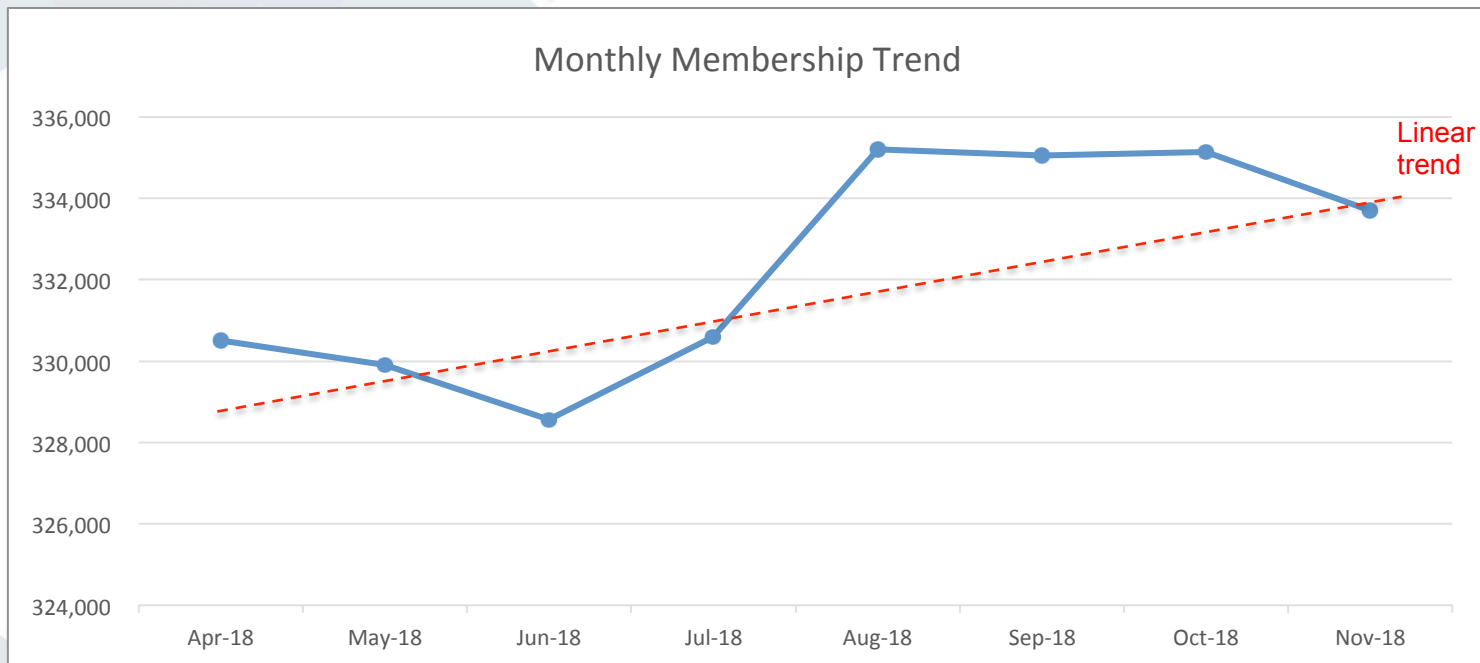
Monthly membership as of November 5, 2018

Category	Total Members	ACHN Members	% ACHN
FHP	222,560	24,610	11.1%
ACA	75,389	16,769	22.2%
ICP	30,190	6,820	22.6%
MLTSS	5,565	0	N/A
Total	333,704	48,199	14.4%

ACA: Affordable Care Act
FHP: Family Health Plan



Monthly Membership Trend



- 2018 membership target is 225,000
- 2019 membership target is 345,000

Managed Medicaid Market

Illinois Department of Healthcare and Family Services September Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share	State Total Enrollment
*CountyCare	335,107	31.2%	335,107
Blue Cross Blue Shield	255,563	23.8%	415,887
Meridian (a WellCare Co.)	249,099	23.2%	855,358
IlliniCare	106,914	10.0%	342,427
Molina	69,644	6.5%	219,101
*Next Level	56,109	5.2%	56,109
Total	1,072,436	100.0%	2,223,989

* Only Operating in Cook County



2018 Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jul	Aug	Sep
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	1.43%	3.72%	0.49%
Hold Time (minutes)	1:00	0:15	0:13	0:04
% Calls Answered < 30 seconds	> 80%	90.13%	88.40%	97.21%
Claims/Encounters Acceptance Rate	95%	96.14%	96.14%	97.87%

2018 Operations Metrics: Claims Payment

		Performance		
Key Metrics	State Goal	Jul	Aug	Sep
Claims Payment Turnaround Time				
% of Clean Claims Adjudicated < 30 days	90%	94.6%	93.7%	94.0%
% of Claims Paid < 30 days	90%	50.0%	46.6%	79.2%

2018 Operations Metrics: Overall Care Management Performance

		Performance		
Key Metrics	Market %	Jul	Aug	Sep
Completed HRS/HRA (all populations)				
Overall Performance	40%	51.8%	52.3%	52.7%
Completed Care Plans on High Risk Members				
Overall Performance	65%	75.0%	73.3%	64.3%

- CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program.



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, November 30, 2018

ATTACHMENT #3

Cook County Health & Hospitals System

Board of Directors Meeting November 2018

Ekerete Akpan
CFO



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HS

Systems-wide Financial Statements



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HS

Income Statement for the 10 Months ended Sept 2018 (in thousands)

	Year-To-Date		Variance	
	<i>Actual</i>	<i>Budget</i>	\$	%
<u>Operating Revenue</u>				
Net Patient Service Revenue	523,079	549,167	(26,088)	-5%
CountyCare Capitation Revenue	1,583,958	1,520,501	63,457	4%
Access Payments	93,873	75,000	18,873	25%
Other Revenue	12,372	9,167	3,205	35%
Total Operating Rev	2,213,281	2,153,834	59,447	3%
<u>Operating Expenses</u>				
Salaries & Benefits	532,305	554,339	22,034	4%
Overtime	36,564	30,184	(6,380)	-21%
Pension*	202,802	202,802	-	0%
Supplies	62,747	55,782	(6,965)	-12%
Pharmaceutical Supplies	70,695	65,767	(4,928)	-7%
Purch. Svs., Rental, Oth.	233,850	261,421	27,571	11%
External Claims Expense	1,340,051	1,234,835	(105,216)	-9%
Insurance Expense	18,638	21,942	3,304	15%
Depreciation	28,753	27,209	(1,543)	-6%
Utilities	10,675	9,747	(928)	-10%
Total Operating Exp	2,537,080	2,464,029	(73,052)	-3%
Operating Margin	(323,800)	(310,194)	(13,605)	-4%
Operating Margin %	-15%	-14%	0%	-2%
Non Operating Revenue	210,765	210,765	-	0%
Net Income/(Loss)	(113,035)	(99,430)	(13,605)	-14%

Observations

Operating Margin - challenging to budget but drivers to watch vs. same time FY17

- Primary Care visits down 1% while Specialty Care visits up 8%
- Surgical Cases up 5% and slightly above FY 2018 Target
- Inpatient Discharges down 12% and LOS 7% higher
- Emergency Department visits up 1%
- Deliveries down 10%.
- System-wide uninsured numbers, captured by visit held 42% (Provident 34%, ACHN 42%, Stroger 44%)
- System wide Financial /Revenue Cycle ratios are indicating sustained progress
- CountyCare contributed \$170M to CCHHS

Financial Metrics

Metric	As of end Sept- 16/YTD	As of end Sept- 17/YTD	As of end Sept- 18/YTD	Target
Days Cash On Hand**	71	77	44	60*
Operating Margin***	-12.6%	-20.6%	-5.5%	-5.4%
Overtime as Percentage of Gross Salary	8.0%	7.8%	7.4%	5.0%*
Average Age of Plant (Years)	21.1	22.1	24.4	10.7

*Days Cash on Hand - CCHHS target 60 days, Moody's 198 days . Overtime as percentage of Gross Salary – CCHHS target 5% , Moody's 2%

** Days Cash in Hand – Point in time i.e. as of end September for each year

***Excludes Pension Expense-Target based on compare group consisting of 'like' health systems : Alameda Health System, Nebraska Medical Center, Parkland Health & Hospital System, and UI Health

Revenue Cycle – Metrics

Metric	Average FYTD 2018	Sept-18	Oct-18	Benchmark
Average Days in Accounts Receivable <i>(lower is better)</i>	110	94	86	45.85 – 54.9*
Discharged Not Finally Billed Days <i>(lower is better)</i>	8.0	7.0	6.9	NA
Claims Initial Denials Percentage <i>(lower is better)</i>	29%	18%	19%	NA

Definitions:

Average Days in Accounts Receivable: Total accounts receivable over average daily revenue

Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue

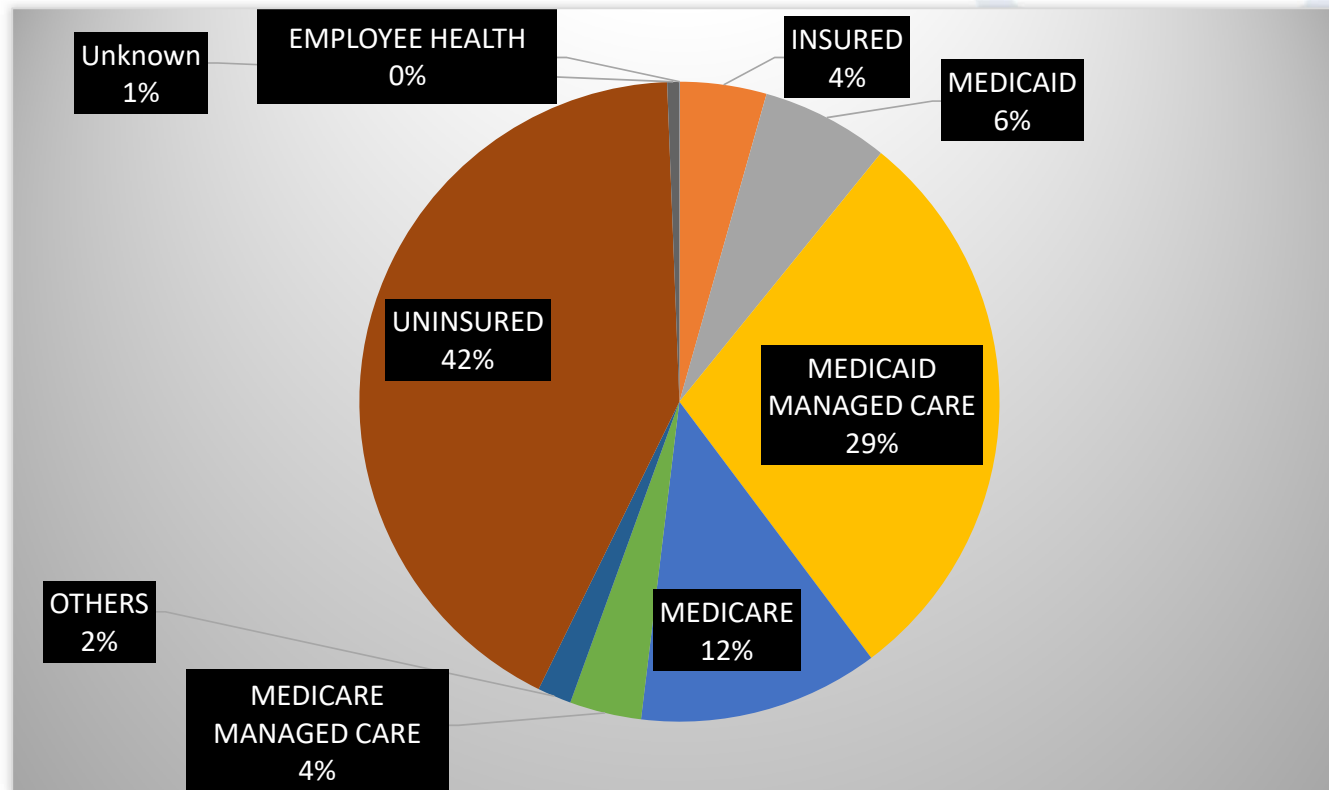
Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted.

* Source HFMA Key Hospital Statistics and Ratio Margins – Posted 2014

Unaudited Financial Statement

Full Board : November 2018

System-wide Payer Mix by Visits



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, November 30, 2018

ATTACHMENT #4



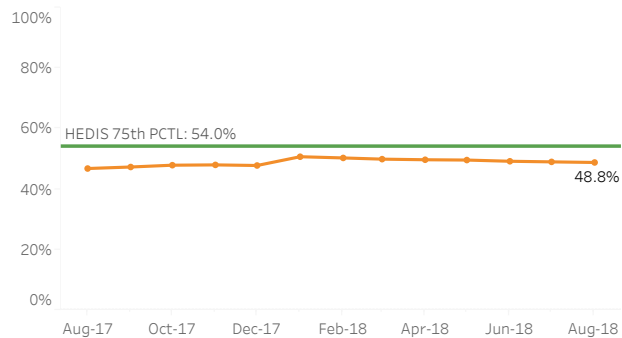
COOK COUNTY HEALTH

Quality Dashboard

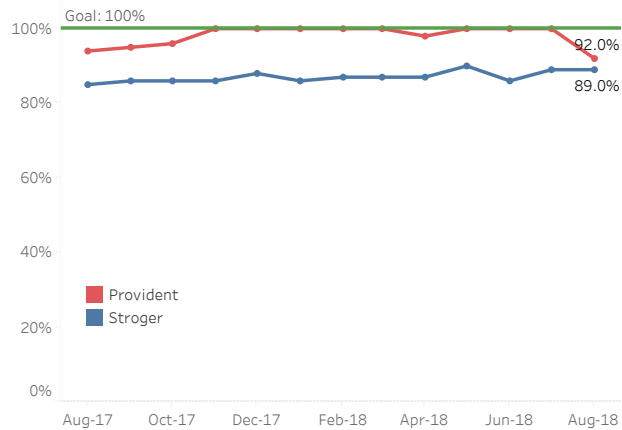
November 16, 2018

Health Outcomes

HEDIS - Diabetes Management: HbA1c < 8%

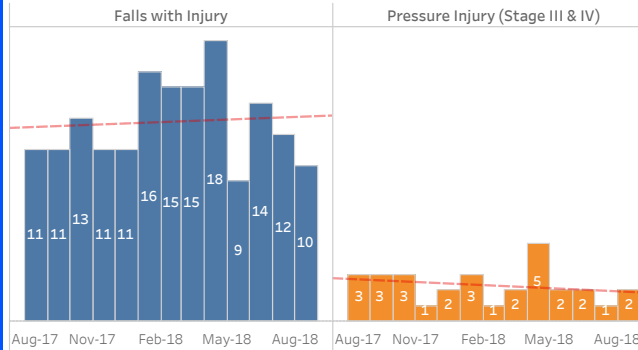


Core Measure-Venous Thromboembolism (VTE) Prevention

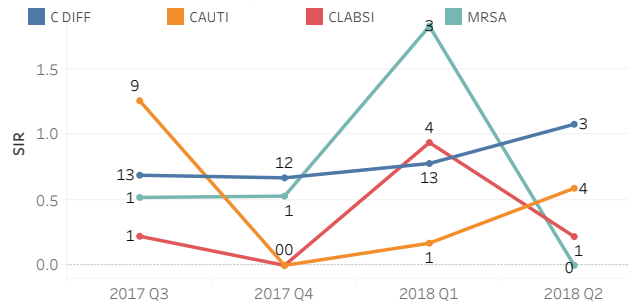


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

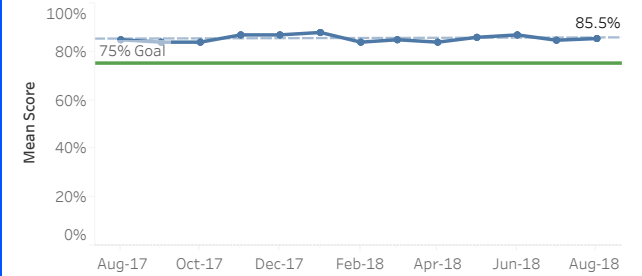


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

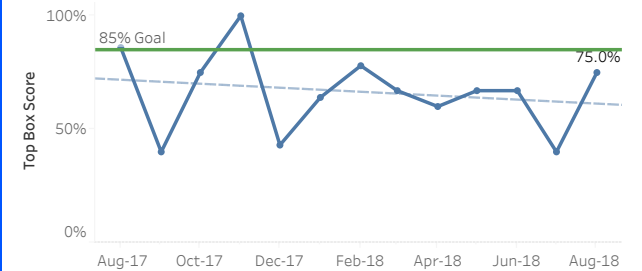
Readmission Rate Placeholder

Utilization

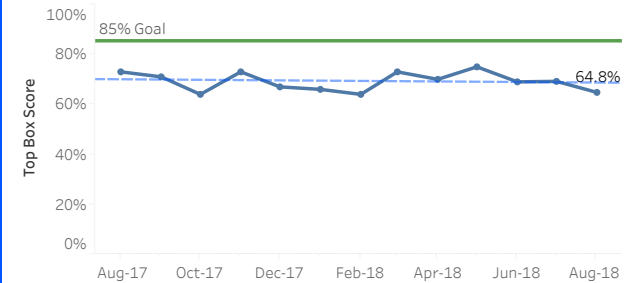
ACHN--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, November 30, 2018

ATTACHMENT #5



COOK COUNTY HEALTH

JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH
REPORT TO THE BOARD OF DIRECTORS
NOVEMBER 30, 2018

Employee Recognition

Zaundra Boyd, health literacy coach at the CCH Lifestyle Center, participated in the 2018 Diabetes Cook-Off Contest and won in the entrée category for her zucchini pasta with marinara sauce. The Diabetes Cook-Off contest is an opportunity for ordinary cooks to compete and share their best diabetes-friendly, healthy recipe – demonstrating that healthy, diabetes-friendly food can be delicious, affordable and enjoyed by the entire family. Recipe is attached.

Mary Lyons, APN, clinical nurse specialist in Pediatrics, will retire from Cook County Health on November 30th. She will be greatly missed. Ms. Lyons has played an integral role in the Department of Nursing. In addition to serving on various committees representing the department she has been a writer for *The Power of Nursing* Newsletter as well as the Chairperson for the Nursing Policy and Procedure Committee. She celebrates 42 years as a Registered Nurse and on November 30th she was honored as a Pinnacle Leader at *The Power of Nursing* Leadership Conference in Chicago. She leaves the following words of wisdom, "Always try to do your best and never stop learning".

There are a group of behind-the-scenes heroes that managed a significant portion of the day-to-day effort that ensured we moved into the new building seamlessly. These individuals include **Bryan Pravel**, **Brian Alston** and **Darnell Marsh**, IT; **Jerry Pagell**, Telecommunications; **James Driscoll** and **Al Moses**, Project Management; **Kathy Lorenc**, **Jerry Pisitelli**, **Tom Newman**, **Sheila Coleman**, **Reshanna Kelly** and **Susan Walsh** from Purchasing; **Michael Hernandez** and **Shirley Sullivan** from Materials Management; **Terry Garland** and **Paul Konney** from Buildings and Grounds; and **Adesoji Adeyinka** from Environmental Services. From the clinical team, **Kathy Pavkov**, **Jewell Thompson**, **Sandy Oliphant**, **Lenora Martin**, **Beth Vaclavik**, **Siby Joseph** and **Bessie Green**. These individuals were identified by the leadership team as having gone above and beyond to operationalize clinics and administrative office. They worked around the clock and always kept a customer friendly approach.

Anitha Philip, APN has been named the 2018 Advanced Practice Provider of the Year. Ms. Phillip has been recognized for her professional and approachable attitude as well as her thorough assessments and caring attitude toward patients, families and staff.

Activities and Announcements

- In light of the **recent tragedy at Mercy Hospital**, CCH is reviewing its current policies and protocols to ensure that all facilities are as safe as possible for patients and staff. CCH conducted system-wide Active Shooter training this year and will be updating our Workplace Violence Policy to adhere to new guidelines established by the state of Illinois. Staff have been reminded of available resources for domestic violence, workplace violence and active shooter. All CCH training materials and policies are posted to the CCH intranet.
- Through November 26th, 95% of CCH staff have received four hours of **Safety Culture and High Reliability Training**.

IMPACT 2020 Objective 1.4

- **Food As Medicine Update**

Through November 27, **CCHHS's Fresh Truck partnership** with the Greater Chicago Food Depository (GCFD) has resulted in 148 visits to 12 CCH health centers – Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Prieto, Robbins, Woodlawn, and Provident/Sengstacke. The move to a permanent Vista Health Center location has delayed the staff training and start date for the Fresh Truck, which is now expected to take place by the end of Q1 of 2019.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 19,016 individuals, representing 62,607 household members, totaling more than 410,000 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

Fresh Truck visits for the month of December include the following ACHN Health Centers.

December 4 – **Cicero Health Center** – 5912 W. Cermak Road, Cicero, IL 60804

December 6 – **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, IL 60651

December 11 – **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, IL 60411

December 18 - **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, IL 60472

December 20 – **Englewood Health Center** - 1135 W. 69th Street, Chicago, IL 60621

CCH Fresh Markets have moved indoors for the winter. Fresh produce is supplied by Black Oaks Center, a nonprofit that seeks to create a just, holistic, and local food system through education, entrepreneurship, and access to healthy, affordable foods. CCH partners with Experimental Station's Link Up Illinois Link Match program to offer SNAP users with a match on all purchases at CCHHS Fresh Markets, up to \$20/market/week. The Fresh Market schedule is listed below:

- Oak Forest Health Center on Wednesdays, 9am-2pm
- Robbins Health Center on Thursdays, 11am-3pm
- Cottage Grove Health Center on Fridays, 9am-2pm

CCH is hosting a **virtual holiday food drive**, in order to support our partnership with the Greater Chicago Food Depository. CCH seeks to raise \$15,000, which will help GCFD provide 45,000 meals to food insecure families throughout Cook County. Donations may be made online at <http://www.myfooddrive.org/#CookCountyHealth> through January 15, 2019.

IMPACT 2020 Objectives 1.1, 6.2, 6.3, 7.4

- Cook County Health hosted a **press conference** with President Preckwinkle and our Congressional delegation on Monday, October 29th to express concern about the recently published changes to the “**public charge**” rule. Last month, the Trump Administration published draft rules to dramatically change the “public charge” test, which would affect immigrants seeking admission into or lawful permanent residency (i.e. green card) in the United States. The changes would expand the number and types of public benefits that could be considered in public charge and effectively add an income test to this process. CCH is strongly opposed to these changes, which would be harmful to our patients and their families, as it would deter individuals who are eligible for these benefits from applying for or continuing their participation in Medicaid, SNAP, and certain housing programs.

The draft rules are currently in a 60-day comment period. CCH will be submitting comments, and encourages staff, community partners, and other stakeholders concerned about these changes to do the same. You can [submit comments online](#) from now until December 10, 2018. For more information about public charge and the proposed changes, visit the [Protecting Immigrant Families website](#).

IMPACT 2020 Objective 7.1

- On October 31, 2018, Cook County Government was found to be in **compliance with the Shakman Consent Decree** and thus released from federal oversight. At a hearing in U.S. District Court, Judge Sidney I. Schenkier granted the parties joint motion for substantial compliance and agreed to dismiss the County from the *Shakman v. The County of Cook, et al.* litigation. Among the accomplishments that have led to achievement of substantial compliance in the *Shakman* case are:
 - Adopting and implementing a comprehensive employment plan in all County offices including Cook County Health.
 - Implementing pro-active and transparent employment-related policies, practices and procedures that will prevent and remedy the negative effects of unlawful political contacts and unlawful political discrimination as required by Executive Order, ordinances and applicable law.
 - Implementing employment-related policies, practices and procedures that prohibit influence of political reasons and factors for non-exempt positions.
 - Requiring reporting to the OIIG for every employee of the County who learns of, or has a reasonable belief that, unlawful political discrimination or political contact has occurred or is occurring.
 - Prohibiting retaliation, punishment or penalty for reporting a political contact, initiating a complaint related to any alleged unlawful political contact or unlawful political discrimination, or cooperating with or assisting those investigations.
 - Adopting regular reporting and auditing requirements related to various elements of the employment plans and supplemental policies in order to increase public transparency and accountability.
 - Developing and conducting extensive training programs to educate employees.

IMPACT 2020 Objective 4.2

- On November 5th, **pediatric patients** at Stroger Hospital received a surprise visit from **United Airlines employees** who handed out teddy bear "Ben Flyin" as part of the United Adventure Bear program, which supports local hospitals and charities and aims to lift the spirits of children across the globe.
- The **Cook County Health Foundation Associate Board's annual fundraising event** was held on Friday, November 9, 2018 at mHub and raised approximately \$25,000 for labor and delivery services at Stroger.

(Select materials and media clips attached)

Legislative Update

Local

- In October 2018, the Cook County Board approved the appointment of Heather Prendergast, MD, MS, MPH to the Cook County Health Board of Directors. Dr. Prendergast is Vice Chair Academic Affairs, Department of Emergency Medicine; Professor of Emergency Medicine; Assistant Dean for Clinical Affairs, Inpatient, College of Medicine; and Attending Physician, Emergency Department at the University of Illinois at Chicago.
- On November 6, seven new Commissioners were elected to the Cook County Board.
 - 1st District Brandon Johnson
 - 3rd District William Lowry
 - 6th District Donna Miller
 - 7th District Alma Anaya
 - 12th District Bridget Degnen
 - 14th District Scott Britton
 - 15th District Kevin Morrison

CCH hosted an orientation for the new Commissioners-elect on November 26. The President and the new Cook County Board will take their Oaths of Office at a Special Cook County Board meeting on Monday, December 3. On Tuesday, December 4, a Special Cook County Board meeting is scheduled for the purpose of organizing the new Board by approving Rules of Procedure and Committee assignments. The Chairman of the Cook County Board's Health and Hospitals Committee also serves as a Director on the Cook County Health Board. Commissioner Dennis Deer (2nd District) is proposed as the Health and Hospitals Committee Chair and Commissioner Luis Arroyo (8th District) is proposed as the Health and Hospitals Committee Vice Chair.

- On November 19, Cook County Board President Toni Preckwinkle filed petitions for Mayor of the city of Chicago. In total, 21 individuals submitted petitions for the office of Mayor. The municipal election is February 26, 2019. The candidate receiving a majority of the votes cast for the office will be declared elected. If no candidate receives the majority, the candidates with the highest and second highest numbers of votes cast will be on the ballot for the April 2, 2019 Municipal Run-Off and Supplementary Aldermanic Elections.
- On November 15, the Cook County Board approved the FY2019 Annual Appropriation Ordinance. There were no opposition amendments to Cook County Health's portion of the budget. The new County fiscal year begins on December 1st.

State

- The Illinois Department of Human Services submitted a waiver to the United States Department of Agriculture requesting that non-disabled adults without dependent children in all eligible areas of Illinois be excluded from the Supplemental Nutrition Assistance Program (SNAP) time limit in 2019. Governor-elect Pritzker has indicated that his team will continue supporting this waiver. CCH signed onto a letter coordinated by the Greater Chicago Food Depository, the Shriver Center, and Heartland Alliance, urging the Governor to seek a waiver. An estimated 260,000 individuals would have been at risk of losing SNAP if the current waiver were to expire.
- The Illinois General Assembly met for their Fall Veto Session November 13-15 and November 27-29. Several veto override votes were taken, including:
 - The Senate successfully overrode the Governor Veto of [SB2332](#) by a vote of 36-19-0. However, this bill failed to get the necessary override votes (62-45-0) in the House, so the Governor's veto of this bill stands. SB2332 would have raised the age to purchase tobacco and tobacco-related products from 18 to 21 years.

- The House and Senate successfully overrode the Governor's veto of [HB4645](#) by a vote of 89-21-1 in the House and 53-1-0 in the Senate. HB4645 extends the repeal date of the Illinois Health Facilities Planning Act (i.e. the Certificate of Need process) from December 31, 2019 to December 31, 2029.
- The House and Senate successfully override the Governor's veto of [SB1737](#) by a vote of 52-0-0 in the Senate and 89-20-1 in the House. SB1737 caps the coverage period for short-term insurance plans at six months. Short-term plans are typically cheaper than traditional commercial insurance products, but cover fewer services and are not subject to protections set forth by the Affordable Care Act. The Trump Administration issued guidance on short-term plans earlier this year that allowed for these plans to be used for a year and renewed for up to three years.
- [SB1469](#) was amended and approved by both chambers. SB1469 makes technical corrections related to the hospital assessment program; extends the deadline for HFS to submit the final rule for the hospital transformation program to March 31, 2019; extends the sunset on nonprofit hospital sales tax exemptions to July 1, 2022 and retroactively validates any previous sales tax exemptions granted under the 2012 hospital property and sales tax exemption law; and extends the requirement for the Illinois Department of Children and Family Services (DCFS) to implement a reimbursement rate for free-standing psychiatric hospitals that care for children beyond the point of medical necessity when DCFS cannot find appropriate placement for these children following the hospital stay.
- On November 6, J.B Pritzker was elected Governor and Juliana Stratton was elected Lieutenant Governor. The Governor, Lt. Governor and state constitutional officers will be sworn in on January 14, 2019. New and re-elected General Assembly members will be sworn in January 9, 2019.
- Governor-elect Pritzker announced the formation of the Healthy Children and Families Committee of his transition team. CCH Board Director David Munar will co-chair the committee along with State Senator Heather Steans and Nancy Ronquillo of Children's Home and Aid.

Federal

- Congress returned to Capitol Hill after the midterm elections for one week of business, November 12-16, before recessing again for the week of the Thanksgiving holiday. While not much has been done legislatively, the elections results will have an impact on health policy going forward.
- Democrats picked up about three dozen House seats to gain the majority in the House of Representatives. This will ensure that efforts to "repeal and replace" the Affordable Care Act will not advance in the 116th Congress. In fact, because most Democratic candidates made health care, especially the ACA's consumer protections, central to their campaigns we may see efforts in the House to shore up the health care system. These efforts have at least theoretical potential to be bi-partisan since many Republicans, including the president, argued on the campaign trail that they, too, want to ensure protections for people with pre-existing conditions.

The House will also likely be a backstop against movements to fundamentally change the structure of Medicaid, including imposing block grants, caps or other cuts. Having said that, we will continue to be concerned that ballooning budget deficits could reignite talk of a budget "grand bargain" which could make changes to the big three federal entitlement programs – Medicare, Medicaid and Social Security.

The House will begin more aggressive oversight of the administration, including the political leadership and the regulatory actions of the U.S. Department of Health and Human Services and the public charge rule of the U.S. Department of Homeland Security. Legislative action on gun control is also almost certain, although the Senate would be unlikely to take it up.

The Energy and Commerce Committee, the House committee with jurisdiction over Medicaid, is likely to be chaired by Rep. Frank Pallone (D-N.J.). Cook County Reps. Bobby Rush and Jan Schakowsky are both senior

members of the committee and will be likely to retain their seats. Rep. Robin Kelly is also said to be seeking a seat on the committee.

- Republicans increased their majority in the Senate by at least three seats. This will give Majority Leader Mitch McConnell (R-Ky.) additional room to maneuver on votes to confirm presidential nominees. While “repeal and replace” is off the table, we could see efforts to shore up protections for people with pre-existing conditions, especially if the lawsuit filed by Republican state attorneys general in a federal district court in Texas is successful in striking down parts of the ACA.

On November 16, Sen. Chuck Grassley (R-Iowa) announced that he would seek the chairmanship of the powerful Senate Finance Committee, which has jurisdiction over Medicaid and Medicare as well as the tax code. Sen. Grassley has supported Medicaid block grants and per capita caps in the past. Notably, he has also been a sharp critic of not-for-profit hospitals and was the architect of the new requirements for hospitals to conduct community health needs assessments and enhanced reporting of community benefit on form 990 H which was included in the ACA.

Sen. Lamar Alexander (R-Tenn.) will likely retain the chairmanship of the Senate Health Education Labor and Pensions Committee, which has jurisdiction over public health programs as well as the 340B program. Sen. Alexander continues to be interested in making changes to the 340B Prescription Drug Discount Program and as the debate over prescription drug prices heats up, there could be a risk of 340B cuts being included in broader negotiations with the pharmaceutical industry.

Sen. Durbin will retain his position as minority whip, the number two leadership position in the Democratic caucus and seats on the Appropriations and Judiciary committees.

- Early next year Congress will likely take up a package of health care “extenders” – that is popular health care programs that are set to expire. This is a likely vehicle for further delaying the scheduled cuts to the Medicaid disproportional share hospital (DSH) payments. The current delay ends September 30, 2019.

On October 25, the Medicaid and CHIP Payment and Access Commission (MACPAC) met in Washington, DC. MACPAC is developing policy options for structuring the statutory DSH allotment reductions, assuming (as they must) that they will go into effect. The consensus seemed to be that low income would be the best measure to apply in a rebalancing of DSH allotments, followed by un-insurance rates. The notion of using a measure of Medicaid shortfall was not embraced. This discussion focused only on state allotments. The other questions, especially how states target funding for DSH hospitals is not being addressed in this report.

MACPAC also had a robust discussion on the Public Charge Rule — MACPAC will be commenting — and on the problematic lack of experimental design for the new Arkansas Medicaid work requirement “demonstration.” MACPAC voted to call on HHS to pause any new approvals of work requirement waivers until proper design, protocols and data collection, etc. can be developed.

- On November 13, the Center for Medicare and Medicaid Services (CMS) wrote to state Medicaid directors offering a new waiver for adults with severe mental illness and children with serious emotional disturbance. Among other things, CMS would ease the Medicaid institutes of mental disease (IMD) exclusion for this population, provided the state was making a complete continuum of community-based services available.

On November 14, HHS Sec. Alex Azar said in a speech that CMS was looking at offering a new waiver that would allow Medicaid to pay for services that manage the social determinants of health, similar to previous waivers given to Illinois, California and others.

Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.

Community Outreach

December 1	CCH and CountyCare promotion at the 3rd Annual LGBTQ Care Fair hosted by Affinity Community Services and the Care Plan at their offices located at 2850 S. Wabash Avenue in Chicago. The wellness event is targeted to the LGBTQ communities and people of color with the goal of building knowledge and linkage to care opportunities. Workshop topics include: Medicare and Medicaid; Aging with Family of Choice; and Financial Planning for Retirement and Beyond.
December 1	CCH and CountyCare promotion at the Healthy Kids Resource Fair , which is hosted by Chicago Public Schools at Clark Academy Prep Magnet High School located at 5101 W. Harrison Street in Chicago. Chicago Public Schools is partnering with various health, food, and community partners for a community resource fair which will have onsite health insurance and SNAP enrollment available to attendees.
December 2	CCH and CountyCare promotion at the St. Michael's Church Health and Resource Fair which will take place at the church located at 8237 S. South Shore Drive in Chicago.
December 3	CCH and CountyCare promotion at 4th Annual Christmas Tree Lighting Ceremony hosted by the Saint Peter & Paul Church, Habitat for Humanity Chicago and the West Pullman Neighborhood Association at the church located at 12344 S. Halsted Street in Chicago. The theme of the 4th Annual Christmas Tree Lighting Ceremony is Humility, Peace, and Justice.
December 4	CCH and CountyCare promotion at the Savvy Senior Health & Resource Fair hosted by Wellcare and Oak Street Health at the Oak Street Health - Health Center located at 4417 West Diversey Avenue in Chicago.
December 7	CCH and CountyCare promotion the 46th Ward Annual Senior Health Fair which is hosted by James Cappleman 46th Ward Alderman will take place at Weiss Memorial Hospital located at 4646 N. Marine Drive in Chicago.
December 13	CCH and CC promotion at the Nathan Hale Middle School Career Fair which will take place at the school located at 5200 135th Street in Crestwood. The mission of Nathan Hale Middle School it is to inspire and engage students to become prepared for college and careers where they can utilize their skills to the best of their abilities. Since exposure to different career options is vital to their success, faculty of the school have invited a variety of professions to visit with students and share details about their careers. Simon Piller, MD and Jacqueline Marshall, MD from the Robbins Health Center will visit classrooms and share why they chose the Medical field and what inspires them to continue in the field.
December 15	CCH and CountyCare promotion at Walker Memorial Annual Health Fair which is hosted by Sinai Health Ministries at the Walker's Temple Church of God In Christ located at 3708 W Chicago Avenue in Chicago.
December 21	CCH and CountyCare promotion at Leland STEM School Resource Fair which is hosted by the school at their facility located at 512 S. Laverne Avenue in Chicago.

Zucchini Pasta with Marinara Sauce

***Zaundra Boyd**, health literacy coach at the CCH Lifestyle Center, won the entrée category for her zucchini pasta with marinara sauce in the 2018 Diabetes Cook-Off Contest.*

Zucchini Pasta with Marinara Sauce

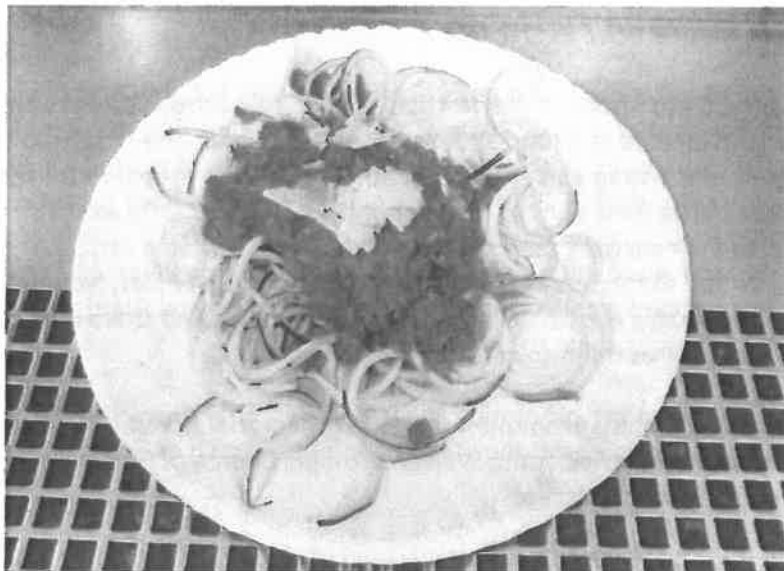
- 2 -3 large zucchini
- 2 1/2 cups tomatoes
- 12 sundried tomatoes, soaked to soften
- 3 dates, pitted and soaked to soften
- 1/4 cup olive oil
- 3 cloves of garlic
- 2 Tbsp parsley
- 1 tsp sea salt
- 1/8 tsp cayenne

Directions

Spiralize the zucchini in a spiral slicer or spiralizer.

Place the remaining ingredients into a food processor with the S-blade and blend until smooth (can leave a little chunky if you prefer).

Pour sauce over the pasta and serve. Garnish with fresh basil or oregano.



Cook County Health and Hospitals System
Board of Directors Meeting
Friday, November 30, 2018

ATTACHMENT #6

CCHHS Patient Populations

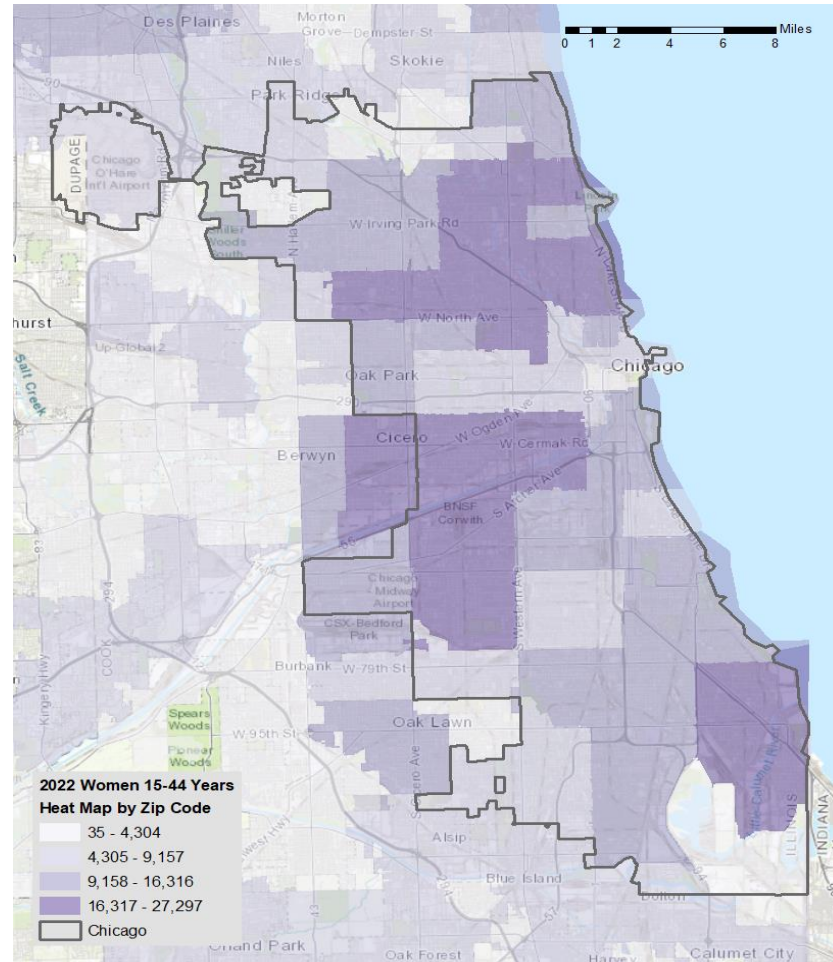
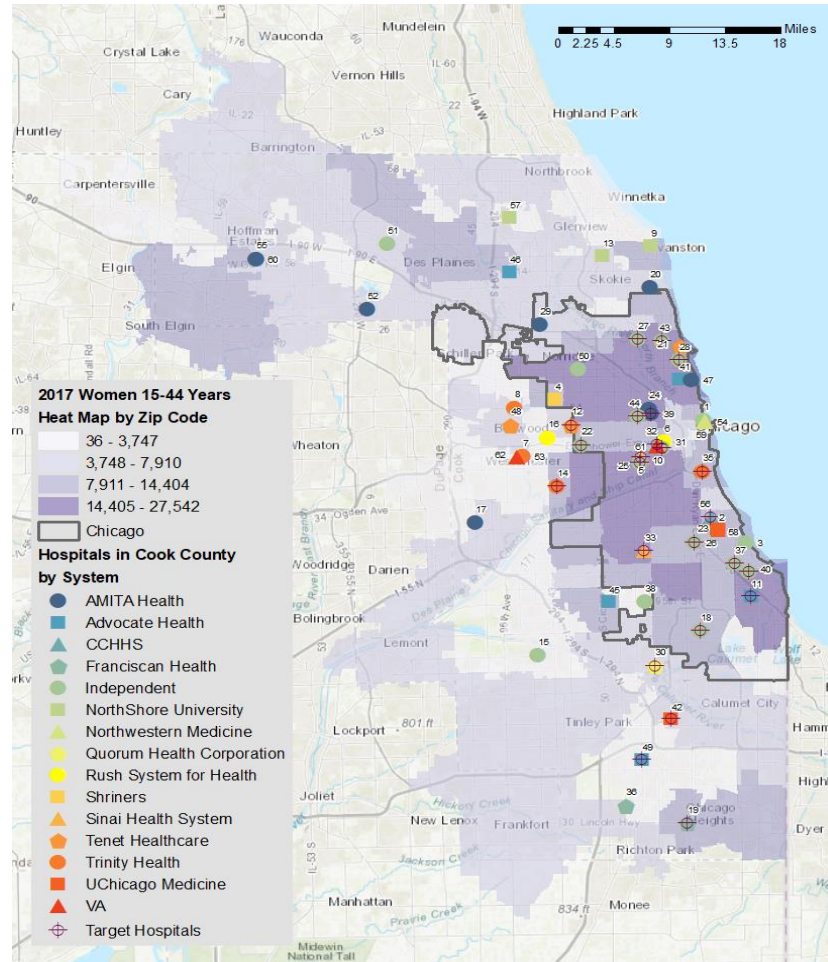
Cook County Demographics

November 30, 2018

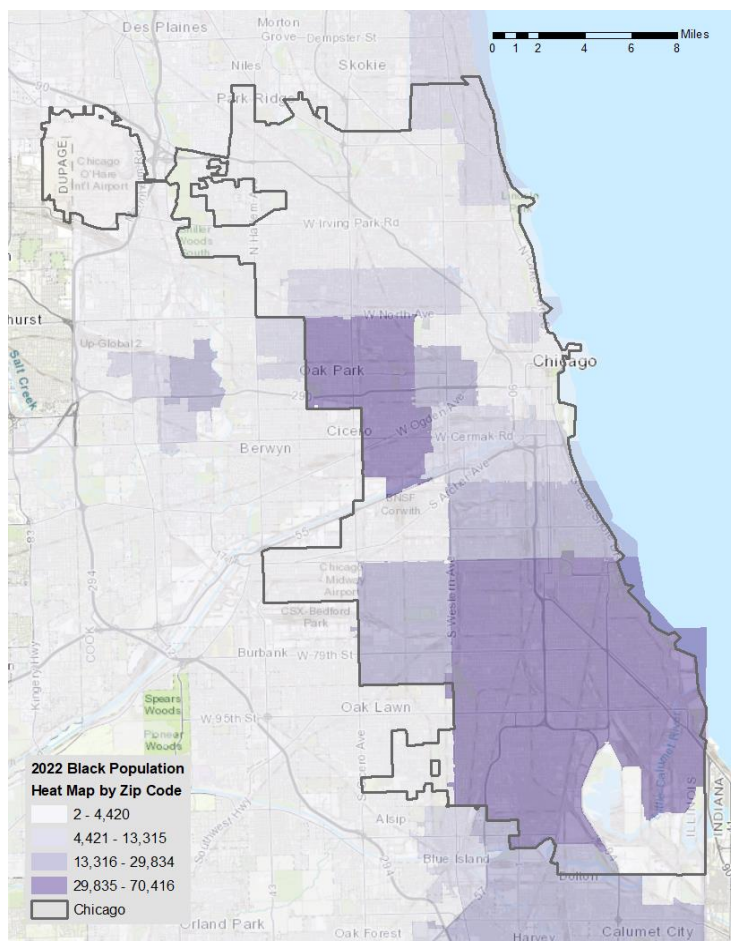
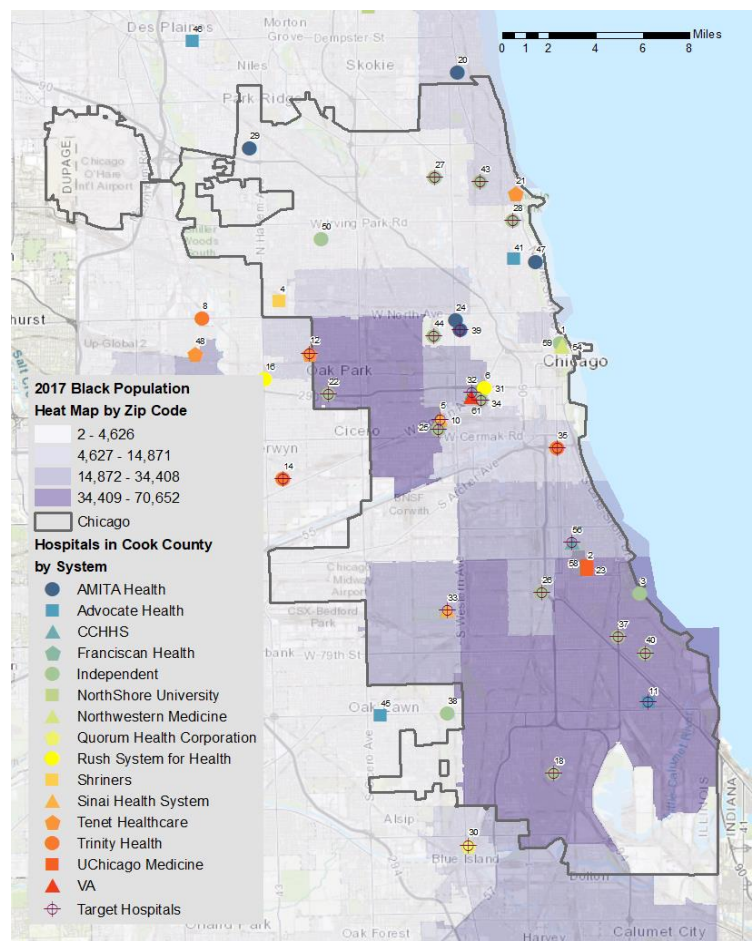


COOK COUNTY
HEALTH

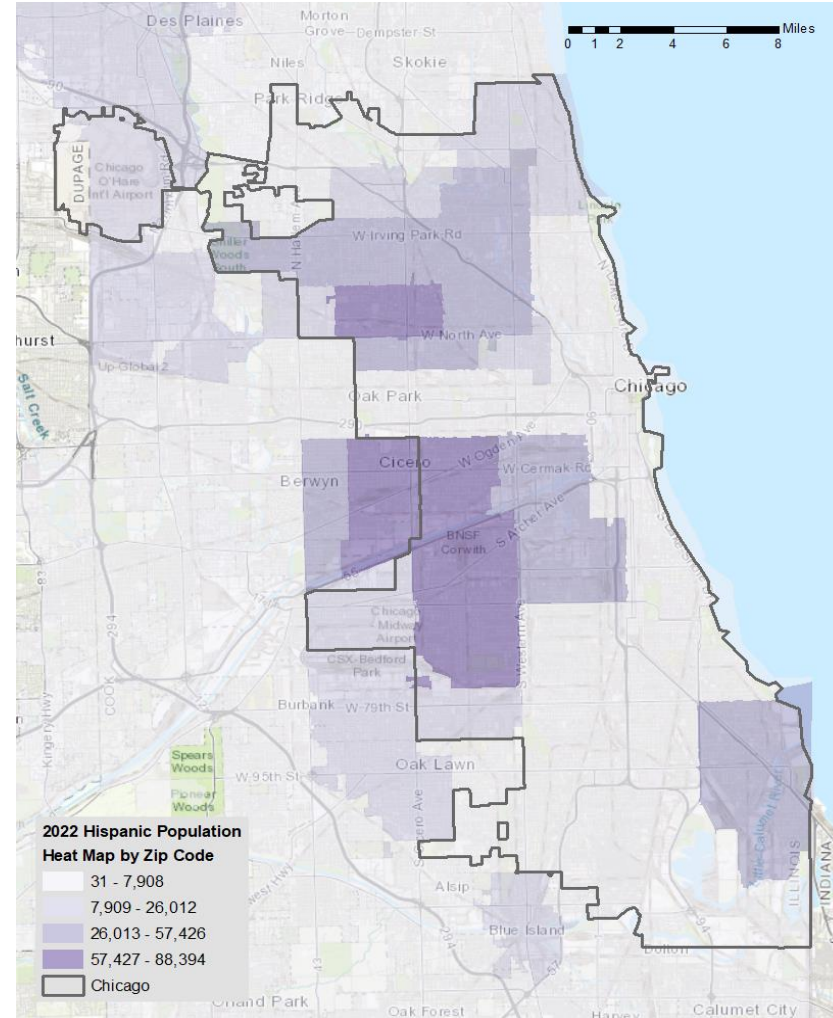
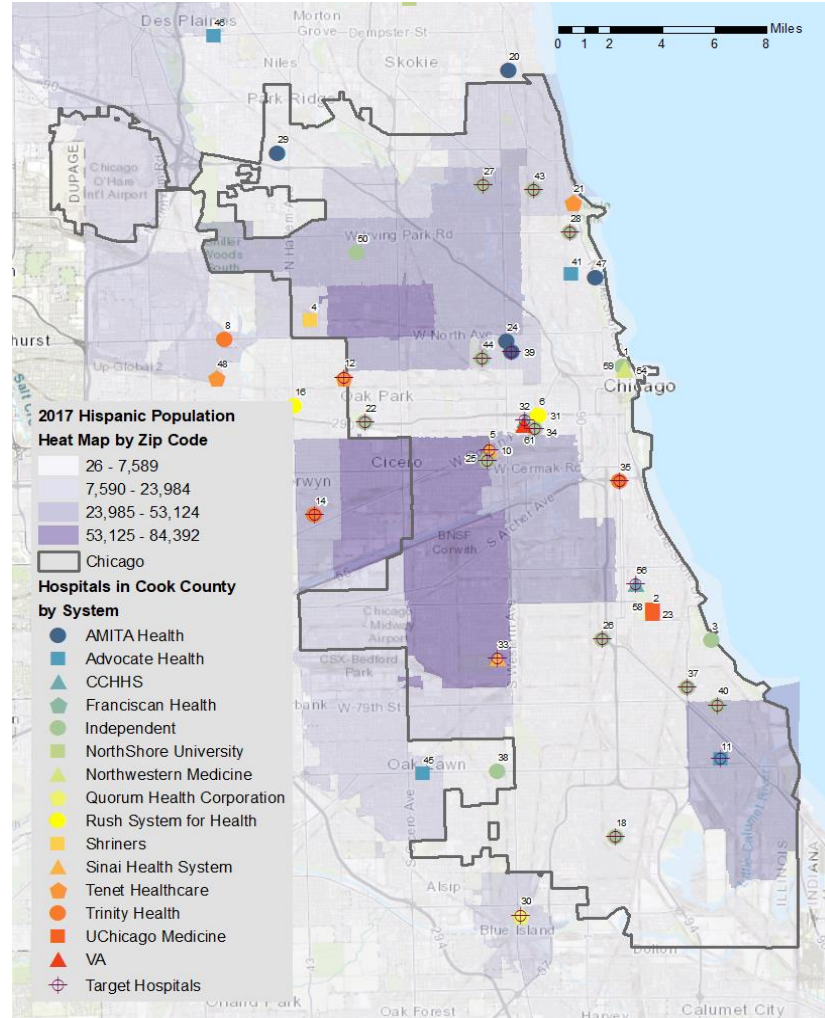
Female Populations Women Ages 15-44 in 2017 and 2022 Projection



African American Populations 2017 Distribution and 2022 Projection

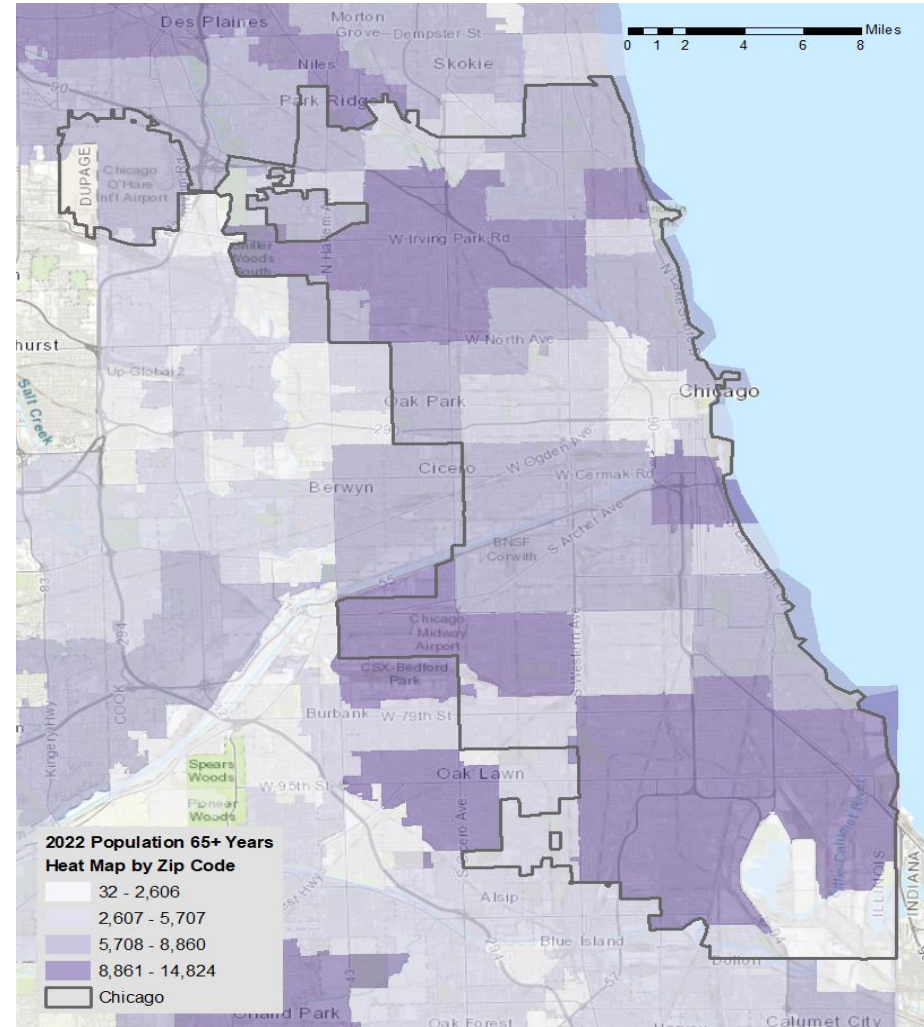
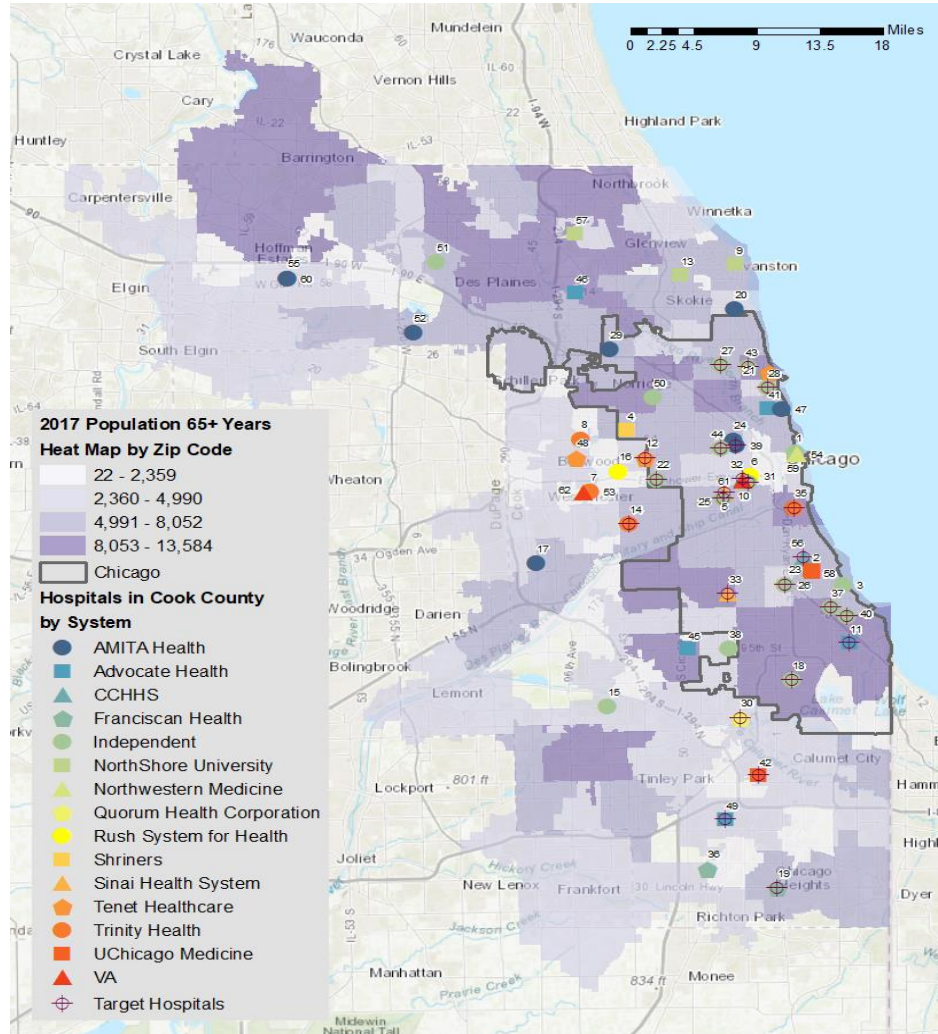


Hispanic Populations 2017 Distribution and 2022 Projection



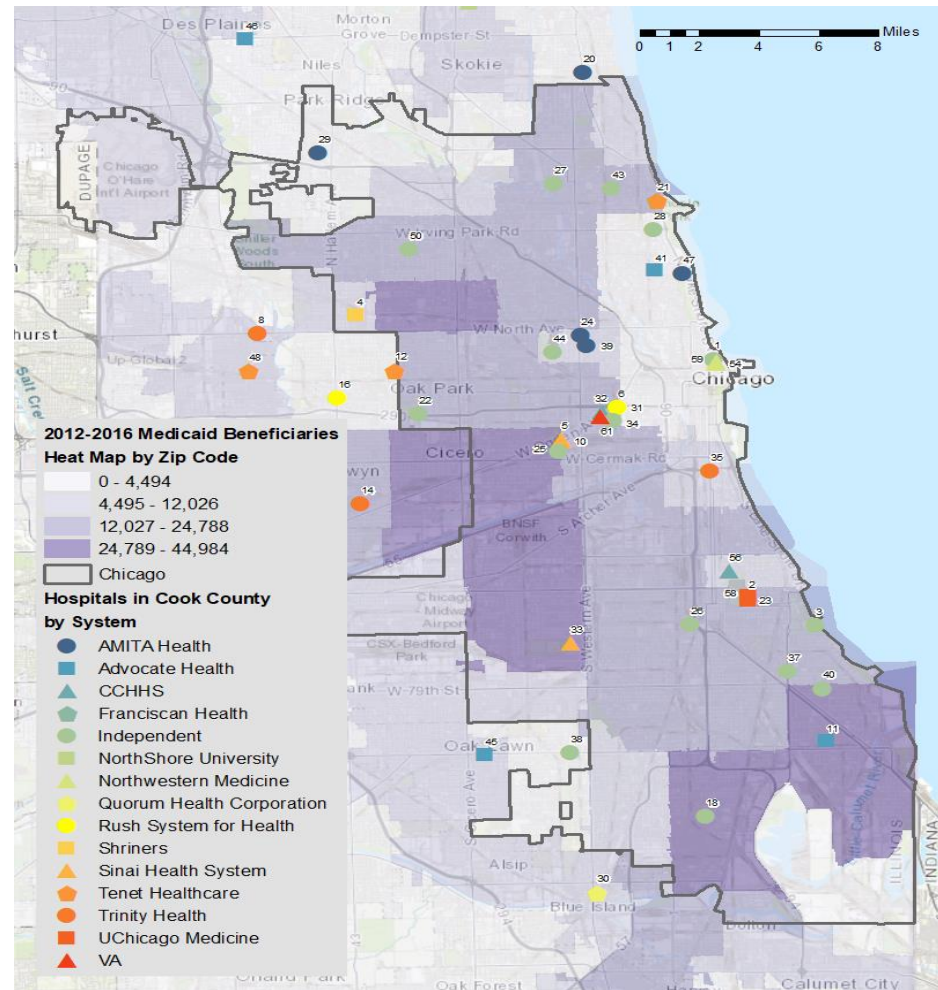
65+ Populations

2017 Distribution and 2022 Projection



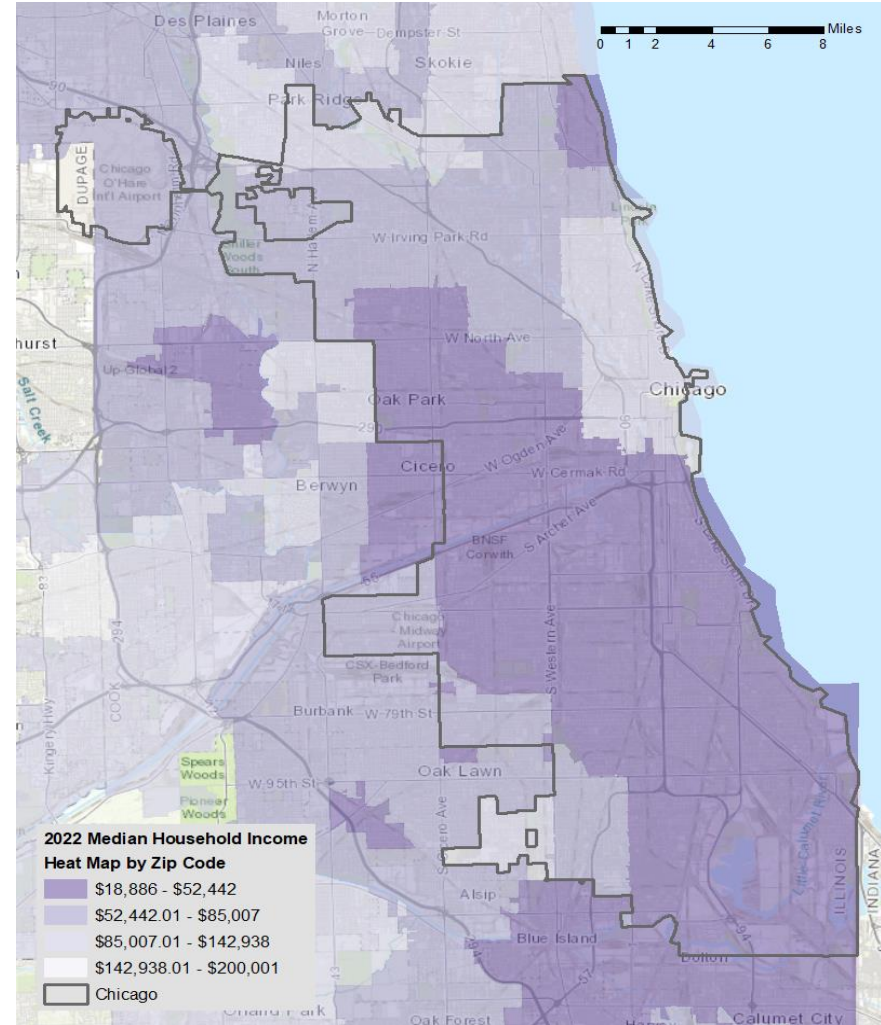
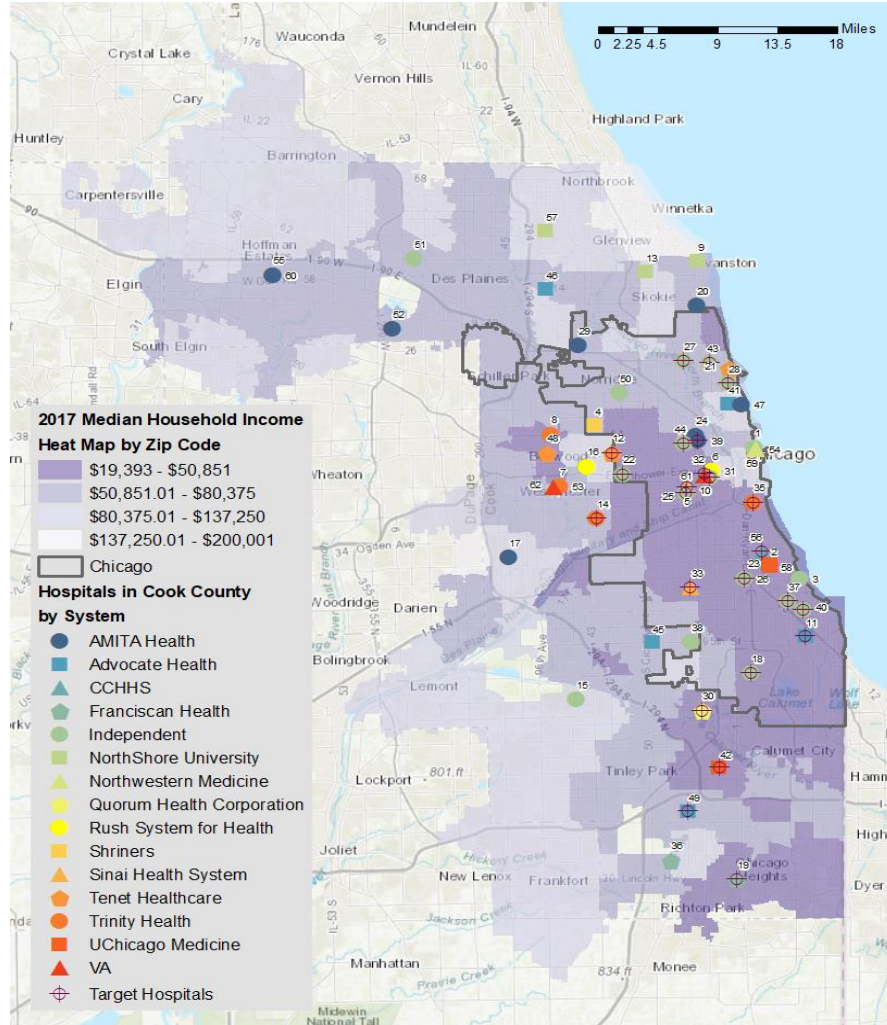
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Medicaid Populations 2012-2016



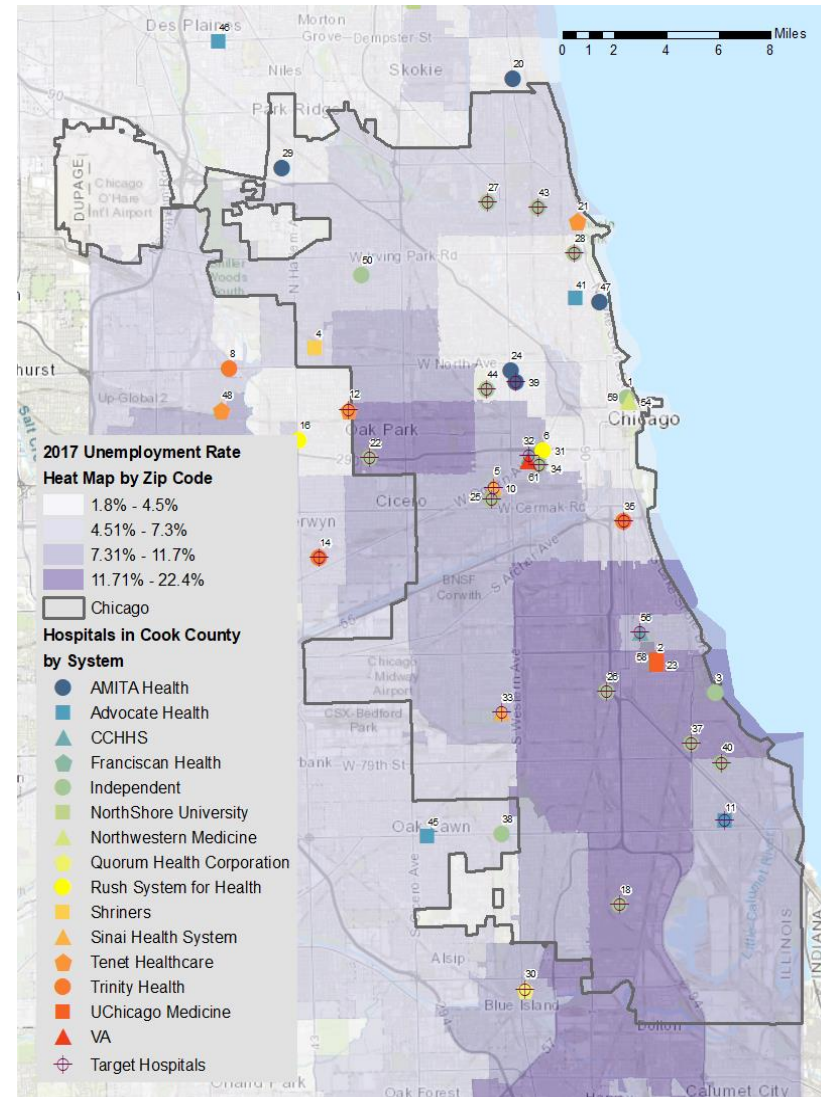
Household Income

2017 Median Income



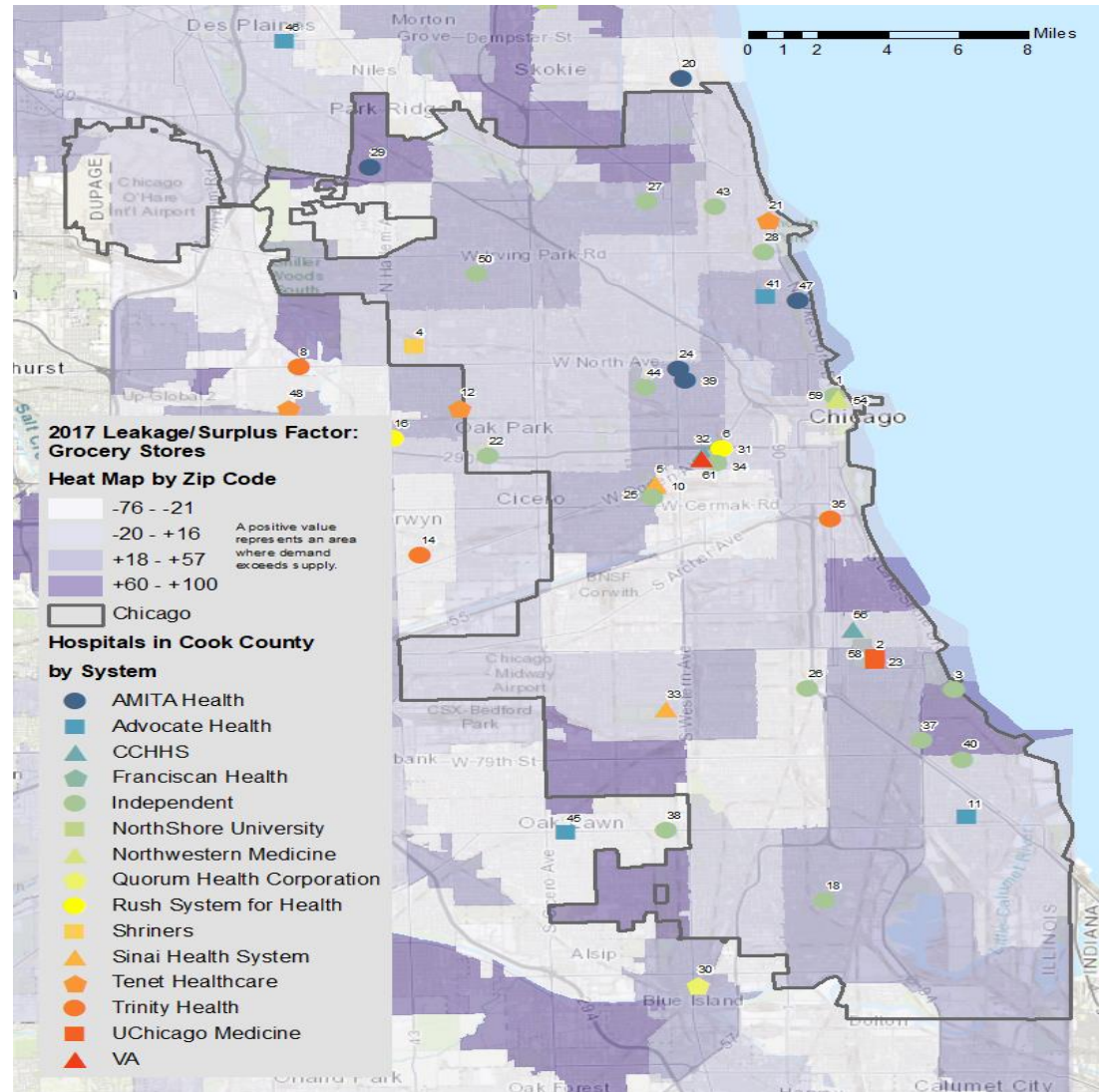
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Unemployment Rates 2017

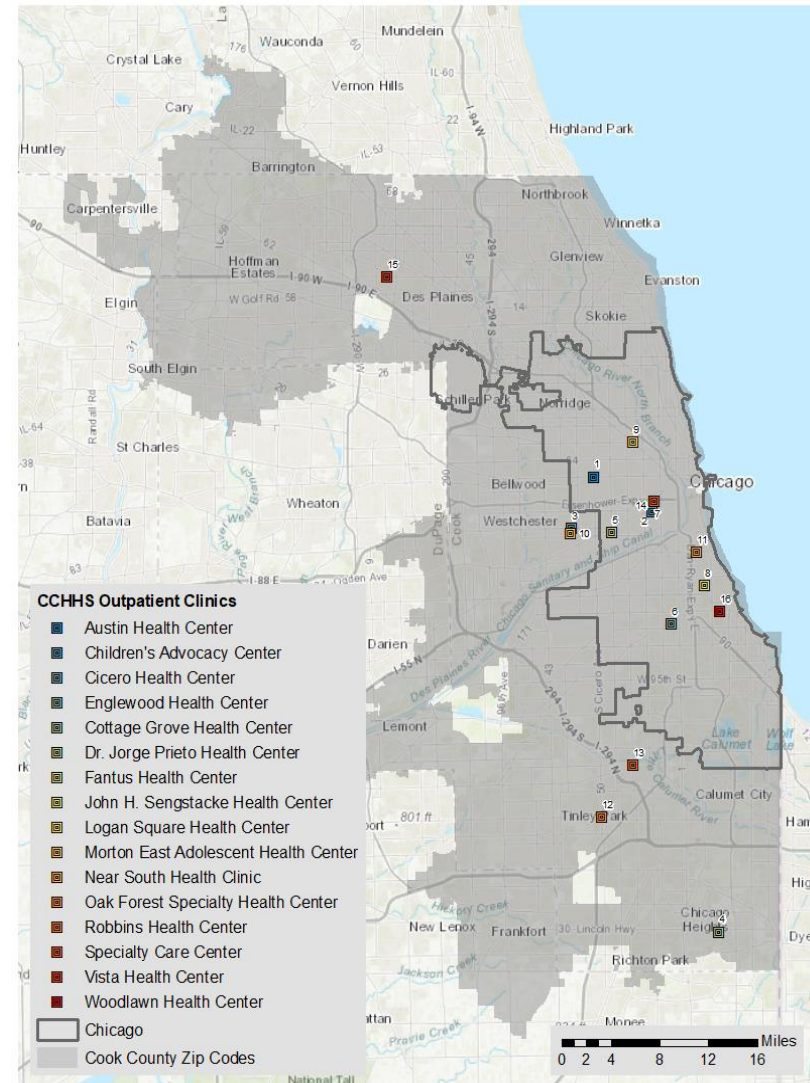


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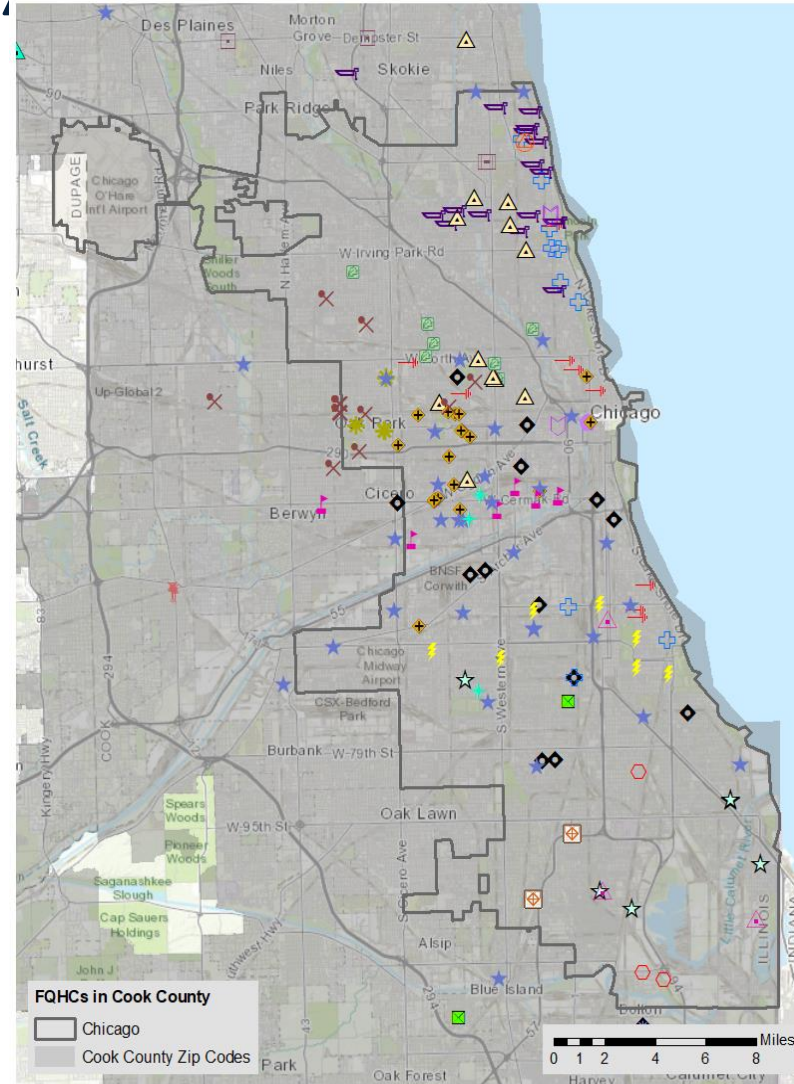
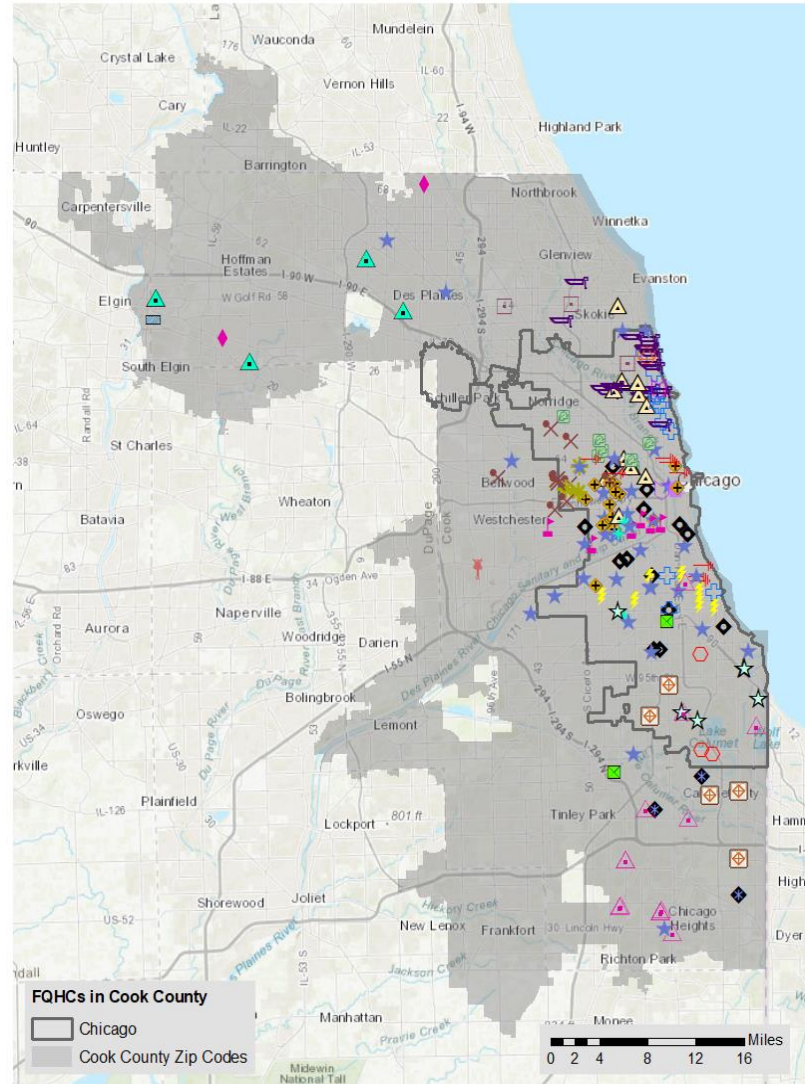
Grocery Factors



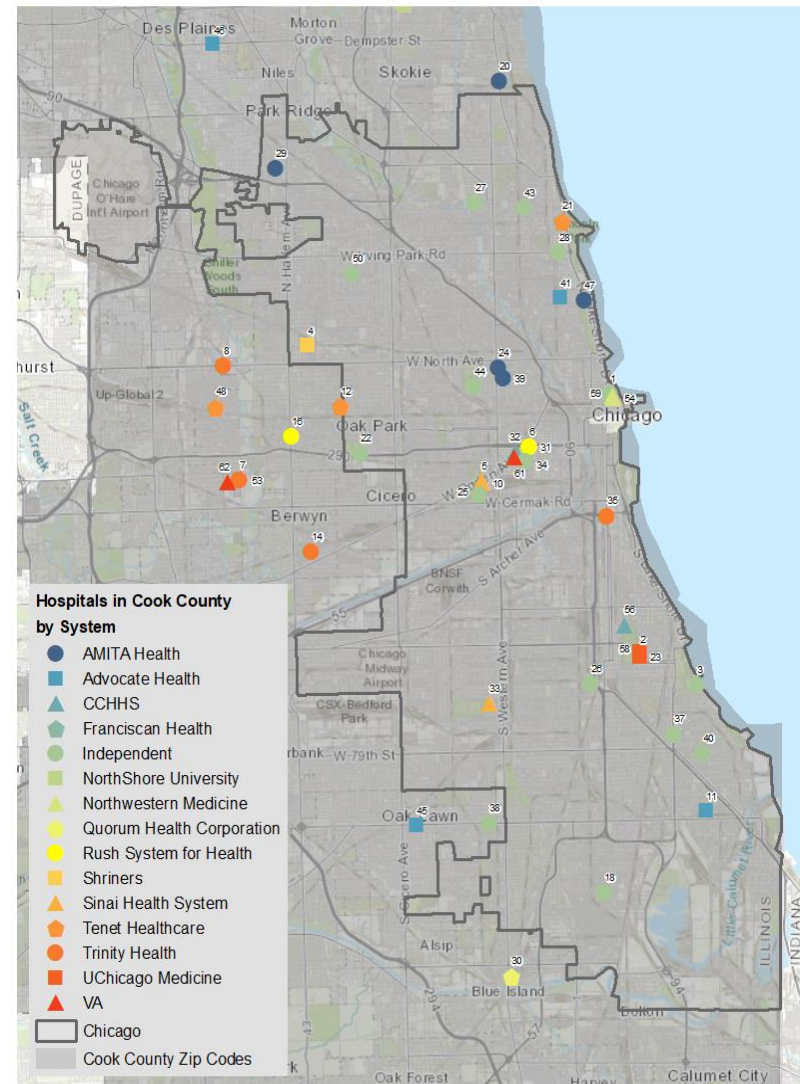
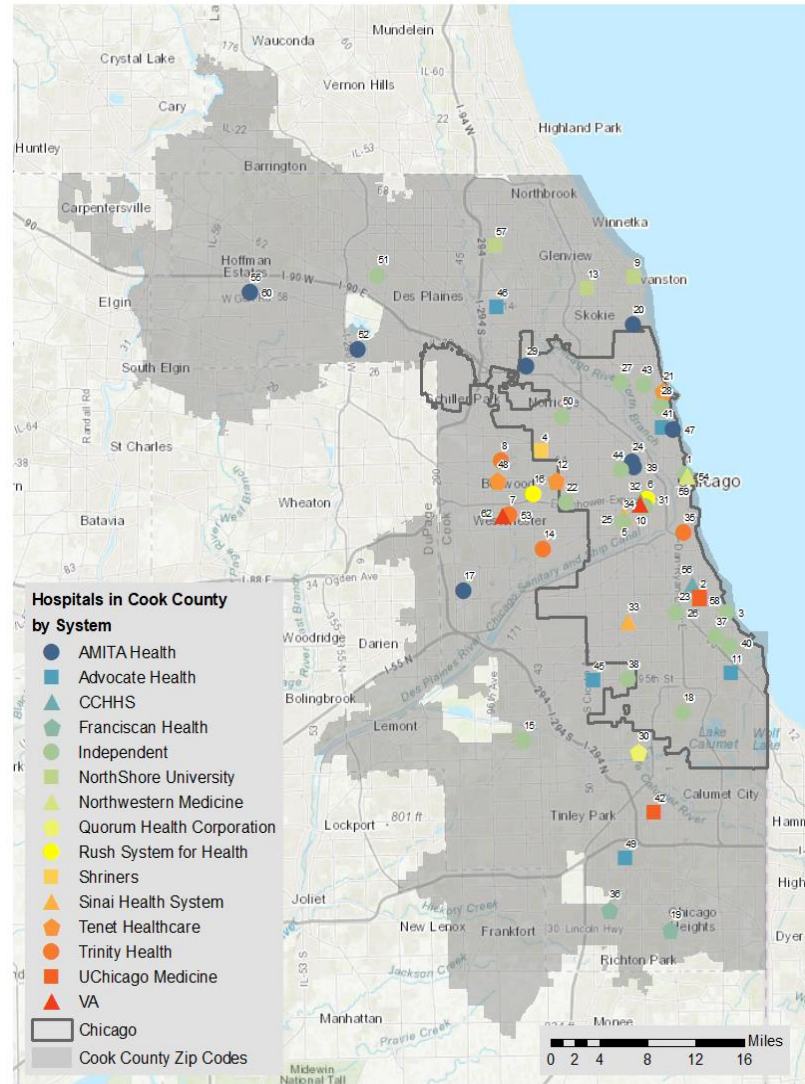
CCHHS Outpatient Clinics



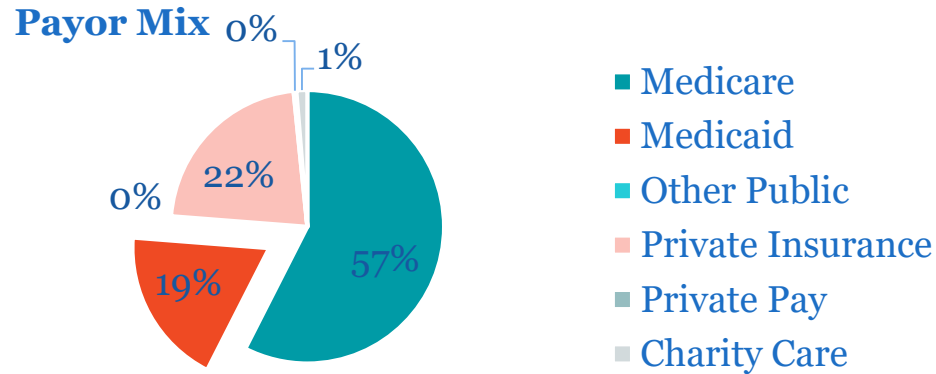
FQHCs in Cook County



Hospitals in Cook County by System



HOSPITAL X

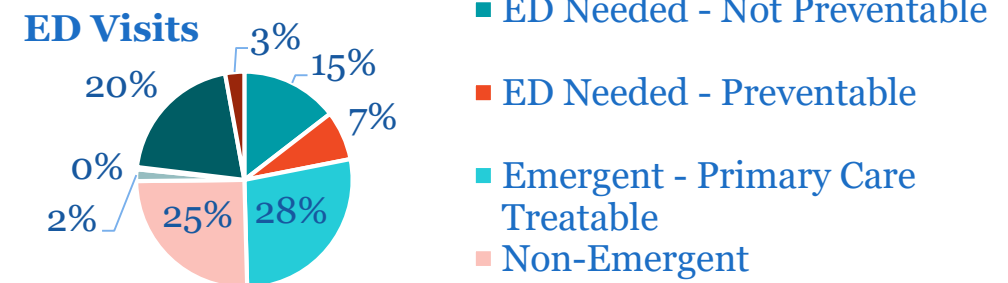


Top 5 DRGs

- 5.0% - Septicemia or Sev Sepsis w/o MV >96 Hours w/ MCC
- 4.6% - Heart Failure and Shock w/ MCC
- 4.6% - Vaginal Delivery w/o Complicating Diagnoses
- 3.9% - Normal Newborn
- 3.1% - Maj Hip and Knee Joint Repl or Reattach w/o MCC

Bed Type	Staffed Beds	Staffed Occupancy
Med Surg	180	59.8%
Intensive Care	20	79.3%
AMI	-	-
OB/GYN	16	46.3%
Overall	216	60.6%

	Inpatient	Outpatient
Total Payments	\$110,399,187	\$103,834,899
Medicaid Payments (Exc. Supps)	\$10,710,905	\$9,086,428
Medicaid Supplementals	Unknown	Unknown
Medicaid Discharges	2,047	
Medicaid Payments/Discharges	Unknown	



Total ED Visits: 29,835

Total Hospital Births

Total hospital births: 1,094

Approximately 59% of Illinois hospitals providing OB services reported **fewer** births.

Sources: DRGs and ED visits from COMPDATA; Payor mix, occupancy (AMI staffed beds not available, using CON beds), revenue (excluding supplemental), total births, and Medicaid discharges from 2016 Annual Hospital Questionnaire, IDPH; Medicaid supplemental revenue from HFS.

Thank you.



COOK COUNTY
HEALTH